## Job Placement/PACE Closure Report

Consumer Name				SSN (last 4)
Counselor			Date	
Reason for Closure				
Employment Status				
Employer				
Address				
City		State	Z	p
Supervisor			l	
Hours per week	Wage	Date of E	te of Employment	
Job Title	1			
Job Duties				
Benefits				
Job Placement/PACE Staff		Date		