

Employment Summary

Client Name: _____ EARN Composite: _____

Caseworker Name: _____ Program: _____

Referrals: _____ ORAS: _____ Intake Date: _____ Release Date: _____

(Number of)

Client employed upon intake?	Yes	No	
Client employed while in the program?	Yes	No	
Client employed upon release?	Yes	No	
Client exempt from employment services?	Yes	No	Why? _____
Client released successfully?	Yes	No	

Employment File Checklist

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Staff Initials</u>
EARN Results	Y	N	N/A	_____
Copy of Employment Class Certificate	Y	N	N/A	_____
Employment Rules	Y	N	N/A	_____
Employment Goal Sheet	Y	N	N/A	_____
Job Search Itinerary Forms	Y	N	N/A	_____
Employment Verification Form(s)	Y	N	N/A	_____
Client Work Schedule(s)	Y	N	N/A	_____
Client Work Site Information	Y	N	N/A	_____

Comments:

- Files must be closed within 7 days of client's release date and turned in to appropriate person.

Employment Staff

Date

Supervisor

Date