**Case/Progress Note**

**Participant Name:** [Type here] **ID#:**       **Date:** 3/19/2021

Current Phone #:       Email:

## Meeting Location: HVRP Office Community Telephone Online/Virtual Other

## Current Status: Searching for Employment In Training Employed Other

## Reason for Contact (check all that apply):

## Case management

## IEP development/review

## Job lead/Job fair

## Post-placement support/Retention

## Support services

## Training/Workshop

## Other

## Scheduled post-employment follow up: 90 days 120 days 180 days 365 days

## Summary of Meeting/Contact:

## (accomplishments, changes in personal circumstances, newly identified barriers, etc. Use additional pages as needed)

## 

**Services Needed (check all that apply):**

Advanced Training/Skills Upgrade

Childcare

ID or Documentation

Legal Aid/Legal Service

Life Skills/Financial Literacy

Medicare/Medicaid

SNAP or other Food Benefits

SSI/SSDI/SOAR

Substance Use Treatment

Transportation

VA Benefits

VA Healthcare

Vocational Counseling

Work Clothes/Tools/Fees

Other

**Referrals Made (Include agency name, contact name and/or phone number if available):**

**Goals/Action steps to complete before next meeting:**

### Next Meeting: Date: Click or tap to enter a date. Time:       Location:

