**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:

