

**PLACEMENT PLUS PLACEMENT REPORT (P3-5)**

Service Provider: \_\_\_\_\_

Consumer: \_\_\_\_\_

SSN #:

XXX-XX-\_\_\_\_\_

QRP/Counselor: \_\_\_\_\_

**1. Placement Information**

Job Title:	Placement Start Date:	Wage/Salary:	Hours per Week:
Employer Name/Address:	Business Phone #:	Supervisor:	Probation Period Ends:
Employee Benefits: Yes    No	At or Above SGA level? Yes    No	Commutes to Work by Other: Commute time:	Bus    Car

Employment Verification Signatures:

Consumer: \_\_\_\_\_

Service Provider: \_\_\_\_\_

Counselor: \_\_\_\_\_

Employer (if available): \_\_\_\_\_

Signatures are required to verify placement is suitable

Placement Report must be attached to the Placement invoice

**2. Retention Monitoring**

To Occur Between 1-90 Days of Employment

Date of Contact:	Method of Contact: Phone    In-Person	Person Providing Information: Employer    Consumer
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Job Performance:    Good    Needs Improvement

(Describe any changes in duties/work schedule and attach new Job Description)

If improvement is needed, describe barrier:

Actions to be taken:

Consumers View of Progress:

Check if this is the Final 90 day Report  
WIC Report Attached

Service Provider Signature:	Job Title:	Phone:	Date:
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**Retention Reports to be emailed to QRP/Counselor. Final Report must be attached to the 90 day invoice.**

Distribution:      Consumer      DOR QRP/Counselor      Program file Notice

This information is confidential. State law and regulations prohibit any further disclosure of this information without the informed, written consent of the person to whom this information pertains.