Quarterly Follow-Up Survey

Participant Name: _____	App ID: _____
Exit Date: _____	Type of Exit: _____
Email: _____	O*Net Code at Exit: _____
Phone: _____	NAICS Code at Exit: _____

FIRST QUARTER AFTER EXIT	***Quarter Dates:***			***CM:***
Date of attempted contact:			☐ Successful	☐ Unsuccessful
Date of attempted contact:			☐ Successful	☐ Unsuccessful
Date of attempted contact:			☐ Successful	☐ Unsuccessful
Did the participant work in this quarter?			☐ Yes ☐ No	Last Day Worked: _____
Successful Contact Type:	☐ Phone	☐ Text	☐ Email	☐ In-person
Changes to employment:	☐ Benefits	☐ Raise	☐ New employer	☐ Other
If new employer, enter start date and answer questions in bold below			**Start date:**	
Employer name:			**NAICS/Industry Code:**	
Employer address:			**(Must match codes used at exit unless participant has new position)**	
Participant job title:			**O*NET/Occupational Code:**	
Avg. hours per week:	Hourly wage:			☐ Full-time ☐ Part-time
Fringe benefits:	☐ Yes ☐ No	Covered by unemployment compensation:		☐ Yes ☐ No
Non-traditional employment:	☐ Yes ☐ No	Wage verification received (2 paystubs):		☐ Yes ☐ No
Training-related employment:	☐ Yes ☐ No	☐ Did not impart job-specific skills		☐ Cannot be determined
Enrolled in education:	☐ Yes ☐ No	School/program:		
Case notes: *explain any changes/attempts at contacting/employment, etc.*				

SECOND QUARTER AFTER EXIT	***Quarter Dates:***			***CM:***
Date of attempted contact:			☐ Successful	☐ Unsuccessful
Date of attempted contact:			☐ Successful	☐ Unsuccessful
Date of attempted contact:			☐ Successful	☐ Unsuccessful
Did the participant work in this quarter?			☐ Yes ☐ No	Last Day Worked: _____
Successful Contact Type:	☐ Phone	☐ Text	☐ Email	☐ In-person
Changes to employment:	☐ Benefits	☐ Raise	☐ New employer	☐ Other
If new employer, enter start date and answer questions in bold below			**Start date:**	
Employer name:			**NAICS/Industry Code:**	
Employer address:			**(Must match codes used at exit unless participant has new position)**	
Participant job title:			**O*NET/Occupational Code:**	
Avg. hours per week:		Hourly Wage:		☐ Full-time ☐ Part-time
Fringe benefits:	☐ Yes ☐ No	Covered by unemployment compensation:		☐ Yes ☐ No
Non-traditional employment:	☐ Yes ☐ No	Wage verification received (2 paystubs):		☐ Yes ☐ No
Training-related employment:	☐ Yes ☐ No	☐ Did not impart job-specific skills		☐ Cannot be determined
Enrolled in education:	☐ Yes ☐ No	School/program:		
Case notes: *explain any changes/attempts at contacting/employment, etc.*				

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THIRD QUARTER AFTER EXIT	***Quarter Dates:***		***CM:***
Date of attempted contact:		☐ Successful	☐ Unsuccessful
Date of attempted contact:		☐ Successful	☐ Unsuccessful
Date of attempted contact:		☐ Successful	☐ Unsuccessful
Did the participant work in this quarter?		☐ Yes ☐ No	Last Day Worked: _____
Successful Contact Type:	☐ Phone ☐ Text	☐ Email	☐ In-person
Changes to employment:	☐ Benefits ☐ Raise	☐ New employer	☐ Other
If new employer, enter start date and answer questions in bold below		**Start date:**	
Employer name:		**NAICS/Industry Code:**	
Employer address:		**(Must match codes used at exit unless participant has new position)**	
Participant job title:		**O*NET/Occupational Code:**	
Avg. hours per week:	Hourly Wage:	☐ Full-time	☐ Part-time
Fringe benefits: ☐ Yes ☐ No	Covered by unemployment compensation:		☐ Yes ☐ No
Non-traditional employment: ☐ Yes ☐ No	Wage verification received (2 paystubs):		☐ Yes ☐ No
Training-related employment: ☐ Yes ☐ No	☐ Did not impart job-specific skills	☐ Cannot be determined	
Enrolled in education: ☐ Yes ☐ No	School/program:		
Case notes: *explain any changes/attempts at contacting/employment, etc.*			

FOURTH QUARTER AFTER EXIT	***Quarter Dates:***		***CM:***
Date of attempted contact:		☐ Successful	☐ Unsuccessful
Date of attempted contact:		☐ Successful	☐ Unsuccessful
Date of attempted contact:		☐ Successful	☐ Unsuccessful
Did the participant work in this quarter?		☐ Yes ☐ No	Last Day Worked: _____
Successful Contact Type:	☐ Phone ☐ Text	☐ Email	☐ In-person
Changes to employment:	☐ Benefits ☐ Raise	☐ New employer	☐ Other
If new employer, enter start date and answer questions in bold below		**Start date:**	
Employer name:		**NAICS/Industry Code:**	
Employer address:		**(Must match codes used at exit unless participant has new position)**	
Participant job title:		**O*NET/Occupational Code:**	
Avg. hours per week:	Hourly Wage:	☐ Full-time	☐ Part-time
Fringe benefits: ☐ Yes ☐ No	Covered by unemployment compensation:		☐ Yes ☐ No
Non-traditional employment: ☐ Yes ☐ No	Wage verification received (2 paystubs):		☐ Yes ☐ No
Training-related employment: ☐ Yes ☐ No	☐ Did not impart job-specific skills	☐ Cannot be determined	
Enrolled in education: ☐ Yes ☐ No	School/program:		
Case notes: *explain any changes/attempts at contacting/employment, etc.*			