

GENERAL FUND YOUTH SERVICES

FOLLOW-UP FORM

Last Name				First Name / Middle Initial			
Social Security Number		Agency Name			Agency Code		
Follow-up Type (After Exit)		Verification Submitted		Follow-up Date		Interview Date	
1 1 st Quarter		1 Attached					
2 2 nd Quarter		2 Previously submitted					
3 3 rd Quarter		3 Not required					
4 4 th Quarter							
Follow-up Result		05 Informant Refused for Respondent		Workforce Status			
01 Complete: All Questions		06 Respondent Refused Interview		1 Employed Full-Time		4 Unemployed	
02 Complete Interview: Missing Data		07 Language Problem Prevented Interview		2 Employed Part-Time		5 Status Unknown	
03 Respondent Never Located		08 Unable Due to Illness / Disability		3 Enrolled in Training			
04 Located but Never Available		09 Died / Incapable / Institutionalized After Exit					
Supplemental Data Verified Workforce Status		Supplemental Data Verified Workforce Status		Supplemental Data Verified Workforce Status			
First Quarter after Exit		Second Quarter after Exit		Third Quarter after Exit			
1 Employed		1 Employed		1 Employed		2 Enrolled in Training	
2 Enrolled in Training		2 Enrolled in Training		2 Enrolled in Training		3 Not Employed	
3 Not Employed		3 Not Employed		3 Not Employed		4 Not Applicable	
4 Not Applicable		4 Not Applicable		4 Not Applicable		4 Not Applicable	
Date Degree or Certificate Attained		Type of Degree or Certificate Attained		4 BA or BS Diploma/Degree			
		1 High School Diploma		5 Occupational Skills License			
		2 Equivalency / GED		6 Occupational Skills Certificate or Credential			
		3 AA or AS Diploma/Degree		7 Other			
Continuing in Post-Secondary Education		Continuing in Advance Training		In Military Service		15 In Qualified Apprenticeship	
1 Yes		1 Yes		1 Yes		1 Yes	
2 No		2 No		2 No		2 No	
Weeks in Training	With Exit Training Provider	Actual Hours In Training	16 Weeks Employed	17 With Exit Employer	18 Actual Hours Worked		
	1 Yes			1 Yes			
	2 No			2 No			
Most Recent Employer or Employer at Follow-Up							
Date Employed		Employer Number		Employer Name			
Employer Address				Employer City, State, ZIP			
Contact				Phone			
Job Code		Hours Per Week		Hourly Wage		Follow-Up Staff ID	
Most Recent Education/Training Provider or Training Provider at Follow-Up							
Date Enrolled in Training		Training Provider Number		Training Provider Name			
Training Provider Address				Training Provider City, State, ZIP			
Job Code/Course of Study		Hours Per Week In Training		Contact		Phone	
Follow-Up Staff Signature						Date	