

## Job Search Progress Report

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

LRS Counselor: \_\_\_\_\_ Case Number: \_\_\_\_\_

### I. DATES AND NAMES OF EMPLOYER CONTACTS

(The contacts must reflect results of the community-based assessment and narrative report and must include the documentation of the results of the contacts with 3 employers identified in the Assessment):

1. Date: \_\_\_\_\_ Employer: \_\_\_\_\_  
Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date: \_\_\_\_\_ Employer: \_\_\_\_\_  
Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Date: \_\_\_\_\_ Employer: \_\_\_\_\_  
Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date: \_\_\_\_\_ Employer: \_\_\_\_\_  
Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### II. LIST THE NAMES AND DATES OF ANY OTHER INDIVIDUALS CONTACTED AND THE RESULTS OF THOSE CONTACTS:

1. Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

III. NAMES AND DATES OF CONSUMER CONTACTS AND RESULTS:

1. Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

IV. SUMMARY OF RESULTS AND ADDITIONAL COMMENTS OR CONTACTS:

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Vendor Signature: \_\_\_\_\_

Date: \_\_\_\_\_