



WIOA Youth Follow Up Form

Agency Name: Social Security #:

Participant name: Exit date:

Follow Up Quarter: 1st Qtr. 2nd Qtr. 3rd Qtr. 4th Qtr. Youth contact date:

Contact Type: _____ Follow up Status: _____

If other, please specify: _____ If other, please specify: _____

Entered Employment:

Employer Name: _____ Contact Name & Phone #: _____

Employer Address, City, State, & zip code: _____

Occupational Title: _____

Hourly Wage: _____ Hours per week: _____ Start Date: _____ End Date: _____ Currently Employed _____

-Reason for Leaving, if no longer employed: _____

-Please answer ALL the following questions about the employer:

1. Is this their primary employer? _____
2. Are they receiving Fringe Benefits? _____
3. Are they covered by Unemployment Compensation? _____
4. Is this Entrepreneurial and/or Self Employment? _____
5. Is this a Registered Apprenticeship? _____
6. Is this considered Active Military Service? _____
7. Is this considered Non-Traditional Employment? _____

Entered Education/Training: Placement Verification Attached: _____

Training Program Name: _____ Placement Date: _____

-Select what type of education/training placement this is:

Successfully Completed Education/Training: Credential Verification Attached: _____

-Select what type of education/training credential this is:

If other, please specify: _____

Date Received: _____

Case Manager Signature: _____ Date: _____

This form must be submitted as part of your required 4 quarter follow ups for each applicable youth. Use a separate form for each quarter and submit to Youthmis@seta.net. Remember to keep a copy in the hard file and add a case note for each quarter in CalJOBS.