FFT™ Work/Education Supports

(Required elements are underlined.)

Client Name: _____

Date: _____

Start time: _____

Duration (in minutes): _____

Staff Person: _____

Contact Location Method: ❑ In person ❑ By phone ❑ By email ❑ By fax

❑ By mail ❑ By text message ❑ By video conference ❑ By social media ❑ Other

Did you reach the person you attempted to contact? ❑ Yes ❑ No

Contact with: ❑ Client ❑ Employer ❑ Service Provider ❑ Other

Work/Education Support:

- ❑ Received clothing/uniform assistance
- ❑ Received Individual Training Account (ITA) assistance
- ❑ Received license/certification assistance
- ❑ Received personal protective equipment (PPE)
- ❑ Received screening assistance
- ❑ Received supplies/equipment assistance
- ❑ Received transportation assistance
- ❑ Received voicemail assistance
- ❑ Received other assistance

Work/Education Support Value: $_____

Notes:

_____

_____

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