FFT^{TM} Work/Education Supports
(Required elements are underlined.)

<u>Client Name:</u> _____

<u>Date:</u> _____

<u>Start time:</u> _____

<u>Duration (in minutes):</u> _____

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

<u>Did you reach the person you attempted to contact?</u>   ❑ 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 Lending Library Technology
- ❑ 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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