

**PRODUCTIVE LIVING BOARD
SUPPORTED EMPLOYMENT
TRAINING PROGRAM
REFERRAL/REQUEST**

For OPLS staff use only:

Participant Name: _____ Date request received: _____

OPLS Staff approval: _____ Date: _____

Date of Original Job Placement: _____

1st year follow up: _____ Employed Yes No
OPLS Staff Signature

2nd year follow up: _____ Employed Yes No
OPLS Staff Signature

3rd year follow up: _____ Employed Yes No
OPLS Staff Signature
