

**SERVICES PROVIDED
ELL Partner Form**



Customer Name: _____

SSN: XXX-XX-_____

Centro CHA Case Manager: _____

Enrollment Status: New Initial Enrollment Already Enrolled or Co-enrolled

Grant: ELL Other: _____

DATE PROVIDED OR ENDED MM/DD	SERVICE(S) PROVIDED
	102 Conducted Initial Assessment
	125 Provided Job Search and Placement Assistance (may include career counseling)
	115 Provided Resume and/or Cover Letter Preparation Assistance (One-on-One)
	121 Job Referral
	112 Referred to and/or Attended a Job Fair
	205 NEW Development of Individual Employment Plan (IEP)
	205 UPDATED existing Individual Employment Plan (IEP)
	226 Conducted Reading and/or Math Testing (TABE, CASAS, etc.)
	107 Provided Provisional Labor Market Research (readily available information on training providers)
	109 Referred to Community Resource
	200 Provided Individual Counseling
	201 Provided Group Counseling
	202 Provided Career Guidance/Planning
	SS Issued Supportive Service (please circle): Transportation Assistance; Tools; Clothing; Shoes; Food Other: _____
	214 Referred to Adult Literacy, Basic Skills or GED Preparation
	222 Attended English Language Learner (ELL) program
	Other Service: _____
	STARTED TRAINING Name of Program: _____ Training Provider: _____ Training Start Date: _____
	TRAINING ENDED Please circle – SUCCESSFULLY COMPLETED or UNSUCCESSFUL Training End Date: _____
CASE NOTES:	