# DAY SERVICES - REQUEST FOR FOLLOW-UP SERVICES
# PARTICIPANT APPLICATION – EXTENTION REQUEST
**(TO BE SUBMITTED IN FEBRUARY FOR NEXT FISCAL YEAR)**

Participant Name:_____ S.I.N._____

Agency Name._____ Phone:_____

Contact Person_____ Phone:_____

Job Title:_____

Wages (gross hourly):_____ Average Weekly Hours:_____

Employment Start Date: _____

Changes in Job Description/ Duties from previous year, if any: _____

_____

_____

Summary of Performance evaluation during the previous year:_____

_____

_____

Anticipated Nature/characteristics of Follow-up during next fiscal year:_____

_____

_____

Projected number of billable days for Follow-up in upcoming fiscal year (Apr1 – Mar 31):_____

**Office use only** Application Status

Eligibility verified by

Community Service Worker:_____ Recommended # of days For Follow-up

Reviewed and Endorsed by

Regional authority:_____ Date:_____

Approved by Divisional Office: _____ Date:_____

Authorized level of funding: _____

Authorized funding level: _____days x_____ Per diem = _____

**SOCIAL WORKER:**