

IRC Paid Internship Program (PIP) Exit Report

*Please complete and submit electronically via e-mail to FMS vendor, Consumer Service Coordinator (CSC) and Employment Specialists, Beth Crane;* [*bcrane@inlandrc.org*](mailto:bcrane@inlandrc.org) *and Andrew Burdick;* [*aburdick@inlandrc.org*](mailto:aburdick@inlandrc.org) *within 14 days of last day of internship.*

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| --- | --- |
| Client Name:  UCI:  DOB: | Vendor Name:  Phone #:  Completed by (Name & Title): |
| Service Coordinator: | PIP Placement Name: |
| PIP Placement Start Date:  PIP Placement End Date: | Did the internship lead to a direct hire?  [ ] Yes, complete Part A  [ ] No, complete Part B |

**PART A**

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| Date of Hire: | Hourly wage/Salary: | # of hours work per/week: |
| Would the client have achieved paid employment without the internship program?  [ ] Yes  [ ] No | Will the client continue to need job supports?  [ ] No  [ ] Yes | Benefits information Check all that apply:  [ ] Sick Leave [ ] Medical  [ ] Holiday [ ] Dental  [ ] Vacation [ ] Vision  [ ] Education/Training  [ ] Other: |
| Describe what was successful in achieving paid employment for the client: | | |

**PART B**

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| What were the barriers to achieving successful paid employment for the client? |
| What did the employer like about the Paid Internship Program?  Will the employer consider other interns in the future? [ ] Yes [ ] No, Why? |

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