



The purpose of this form is for Workforce Opportunities & Residency Cayman (WORC) to report back regarding whether recipients of financial assistance adhered to conditions set by the Department of Financial Assistance.

**Name of DFA Recipient** **Date of Birth**

**Client's Reported Job Status**  Unemployed  Underemployed  Employed

**Client's Reported Job Seeking Barriers**

Childcare  Transportation  Cell Phone  Internet  Healthcare  Other

**If Other please provide details:**

**Authorization to Release Information:**

I authorize the disclosure of information from Workforce Opportunities, Residency Cayman (WORC) from Employment Services and the National Training and Development Unit, to the Department of Financial Assistance.

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Client's Signature

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Date

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Parent/Guardian (if child under 18 years)

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Date

## Section A. – Employment Services

Not registered with WORC

Registered with WORC, as

Job Seeker Assist (Full Services Client)

Job Seeker Plus (Independent Caymanian Client)

Job Seeker (Independent Client)

Applied for jobs?  Yes  No

Number of jobs applied for in the past month?

Frequency of job applications?

Position(s) applied for:

Job ID #	Date Applied	Company	Position

Individual is unable to apply for jobs at this time

Reason for job application restriction:

Interview Sessions are:

Attended

Not attended

Declined

If Not Attended / Declined, provide additional details:

Number of interviews attended in the past month?

If job offered, reason why job was not accepted:

## Section B. – National Training and Development Unit

### Registered with National Training Unit, for:

- Training Courses
- Apprenticeship
- Vocational Training
- Internship
- Employment Initiatives
- Employment Programmes
- Other

### Outreach Portfolio:

**Position or Programme Name**

**Participation Period** (From)  (To)

**Total Hours during this Period**

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### Progress Report:

Please complete performance ratings for this recipient. The information you provide will be used to help develop an individualized plan of assistance and match the recipient with appropriate interventions.

**Keys:** 5 - Always 4 - Usually 3 - Sometimes 2 - Rarely 1 - Never N/A-Not Applicable

**Note: A rating of 3 or below indicates a problem or concern that warrants further follow-up.**

<b>Recipient Performance</b>	<b>Rating</b>
Attend Regularly	<input style="width: 150px;" type="text" value="Select"/>
Punctual	<input style="width: 150px;" type="text" value="Select"/>
Cooperative	<input style="width: 150px;" type="text" value="Select"/>
Participated	<input style="width: 150px;" type="text" value="Select"/>
Stayed on Task	<input style="width: 150px;" type="text" value="Select"/>
Completed Assignments	<input style="width: 150px;" type="text" value="Select"/>
Quality of Work was Satisfactory	<input style="width: 150px;" type="text" value="Select"/>

**Individual's Strengths:**

**Recommendation for IMPROVEMENTS:**

**Do you want to share any additional information regarding the recipient with the Department of Financial Assistance?**

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**Name of Organization: Workforce Opportunities & Residency Cayman (WORC)**

**Name of Person Completing Form**

First Name	Middle Name	Last Name
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**Position**

**Contact Number**

**Contact Email**

Thank you for completing this form. This form can be submitted online by visiting [dfa.gov.ky](https://dfa.gov.ky) or via email to [dfainfo@gov.ky](mailto:dfainfo@gov.ky).