



JOB SEARCH WORKSHEET

State Form 54180 (R9 / 7-15) / IMP 0045

Job Search IMPACT Week: 1 2 3 4 5

Name of participant	Case number	RID number
IMPACT Program: <input type="checkbox"/> Applicant Job Search <input type="checkbox"/> TANF <input type="checkbox"/> SNAP <input type="checkbox"/> ABAWD		
Name of IMPACT staff	Telephone number ()	Fax number ()

Date (mm/dd)	Company Name and Address (number and street, city, state, and ZIP code)	Actual Position Applied For	Person Contacted (N/A, if Internet)	Telephone Number (N/A, if Internet)	Type of Contact	Actual Time Spent				✓
						Start Time	End Time	JS Travel	Total Time	
					<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> Fax / Mail					<input type="checkbox"/>
					<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> Fax / Mail					<input type="checkbox"/>
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					<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> Fax / Mail					<input type="checkbox"/>

I certify that I have personally made the above contacts, and that this is an accurate record of my Job Search activities. I understand that the information I have provided will be verified. I also understand that providing false information or misrepresenting the truth to obtain services for which I am not entitled is a crime which can be prosecuted under federal and/or state laws. The value of benefits received by a person who was not eligible to receive them is subject to recovery by the State of Indiana.

CONTACTS CHECKED ABOVE WERE VERIFIED BY TELEPHONE.

Signature of verifier _____
Date verified (mm/dd/yy)

Signature of Case Manager / Reviewer _____
Date (mm/dd/yy)

Signature of Applicant / Recipient _____
Date (mm/dd/yy)

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 Signature of verifier Date verified (mm/dd/yy)

 Signature of Applicant / Recipient Date (mm/dd/yy)

 Signature of Case Manager / Reviewer Date (mm/dd/yy)