

Goals:

Action Plan: (Measurable steps to goal, responsible party, start and anticipated end dates)

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*Needs and/or Barriers: (Transportation, Work Clothing, Child Care, training, etc.) NA if not applicable

*Plan to Overcome: NA if no plan required

Training Plan

Occupational Skill Training _____ On-the-Job Training _____ Customized Training _____

On Occupation in Demand List: _____ Training approved for Region 4 on ETPL: _____

Based on the assessment/evaluation, summarize:

Customer is unable to obtain/retain employment that leads to self- sufficiency – because:

Have skills/qualifications to successfully complete – examples are:

Is in need of training- because:

What other resources are available to assist?

Community resources _____ State resource _____

Partner resources _____ Federal resources (Pell, et.) _____

Training Provider: _____

Training Program: _____ ETPL Program ID: _____

OST Start Date _____ OST Planned End Date _____

OST Actual End Date _____

Supportive Service Needs:

What other resources are available to assist?

Budget and Financial Plan

See attachments B&C (must include other financial sources sought including Pell)

Customer Name: _____

Commitment

Training Customer Responsibility Statement - **I understand that I must:**

1. Agree to contact the designated Case Manager at a minimum of once a month, or more, as needed.
2. Agree to receive and respond to text messages from WorkOne in regards to monthly contact and follow up.
3. If provided training resources, attend training regularly and make satisfactory progress.
4. Actively seek and accept training related employment upon completion of services.
5. Provide specific information regarding employment before leaving the program.
6. Respond to all surveys and other requests for information including follow-up interviews after leaving the program.
7. Notify the Case Manager of changes in:
 - Training Status
 - Employment Status (including part-time and temporary work)
 - Eligibility for Pell or other grants
 - Address or Phone Number

This plan has been jointly developed with the customer. The customer agrees to the above plan and will participate to the fullest extent possible. The customer understands that this is a plan subject to the availability of funds and that failure to actively participate in this plan may lead to loss of financial assistance and result in termination from the program.

Client Signature: _____

Date: _____

Parent/Guardian Signature, if under 18: _____

Date: _____

Case Manager Signature: _____

Date: _____

Significant Modifications/changes:

Client Signature: _____

Date: _____

Parent/Guardian Signature, if under 18: _____

Date: _____

Case Manager Signature: _____

Date: _____