Attachment D

**Chautauqua County Individual Employment Plan**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A. Goals – Something that you are trying to do or achieve to help you reduce or eliminate your need of Temporary Assistance.**

Describe the individual’s employment goals and any additional goals if applicable (e.g. educational, personal, family). See Assessment Section 1, question #24.

1. **Employment goal (Short Term):**

|  |  |
| --- | --- |
|  | **Office Use Only Completed Date** |
| Yes No |

**Steps to reach goal:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Who?** | **What?** | **When?** | **Office Use Only**  **Completed Date** |
| 1. |  |  | Yes No |
| 2. |  |  | Yes No |
| 3. |  |  | Yes No |
| 4. |  |  | Yes No |

1. **Employment goal (Long Term):**

|  |  |
| --- | --- |
|  | **Office Use Only**  **Completed Date** |
| Yes No |

**Steps to reach goal:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Who?** | **What?** | **When?** | **Office Use Only**  **Completed Date** |
| 1. |  |  | Yes No |
| 2. |  |  | Yes No |
| 3. |  |  | Yes No |
| 4. |  |  | Yes No |

1. **Additional goal (educational, personal, family):**

|  |  |
| --- | --- |
|  | **Office Use Only**  **Completed Date** |
| Yes No |

**Steps to reach goal:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Who?** | **What?** | **When?** | **Office Use Only**  **Completed Date** |
| 1. |  |  | Yes No |
| 2. |  |  | Yes No |
| 3. |  |  | Yes No |
| 4. |  |  | Yes No |

1. **Supportive Services**
2. **Child Care Services**: Is family in need of child care subsidy?

[ ] Yes [ ] No

Reason child care is not needed:

[ ] In receipt of child care not provided through district [ ] Child care not required

1. **Transportation Services**: Indicate any transportation related supportive services that are needed.

[ ] public transportation pass [ ] vehicle repairs

[ ] mileage reimbursement [ ] vehicle registration

[ ] taxi fare [ ] driving permit/license fees

[ ] CARTS [ ] none – Discuss supportive services

[ ] vehicle insurance

1. **Other Supportive Services:** Indicate additional supportive services that are needed.

[ ] work related clothing/shoes [ ] renewal of professional license or fees

[ ] tuition, books & fees [ ] tools & equipment

[ ] job related safety equipment [ ] business start-up fees

[ ] reimbursement for fees for background checks/fingerprinting (to be paid by employer whenever possible)

[ ] photo ID/birth certificate

[ ] other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] none- Discuss supportive services

**C. Employment Activity Assignment(s)**

|  |  |  |
| --- | --- | --- |
| **Activity Assignment** | **Activity start date** | **Anticipated end date** |
| Job Readiness Training |  |  |
| Job Search |  |  |
| Work Experience |  |  |
| Work Limited Orientation and compliance with ACCESS VR |  |  |
| Attend all Drug and Alcohol appointments and comply with treatment |  |  |
| Rehabilitation Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(type) |  |  |
| ESL / HSE classes (circle one) |  |  |
| Other (specify) |  |  |
| Other (specify) |  |  |

**Note:** Discuss liability for student loans, grants and scholarship awards if assigned to an education activity.

**D. Is client sanctioned?**  **Yes**  **No**

**E. Is client willing to break sanction?**  **N/A**  **Yes**  **No (reason) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**F. Worker Notes**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Worker Signature:**  \_\_\_\_\_ **Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explained in  Spanish  English