|  |  |
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| **Basic Information** | |
| FAP E&T Contractor |  |
| Client Name |  |
| Case Manager |  |
| Date of Intake |  |
| Language Proficiencies |  |

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| **Employment Goals** | |
| Job Goal |  |
| Wage Expectation |  |
| Target Employment Date[[1]](#footnote-1) |  |

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| **Skills & Qualifications** | | | | | | |
| Education | | | | | | |
| Highest Level of Education | |  | | | | |
| Degrees and/or Certificates | |  | | | | |
| Notes: | | | | | | |
| Work Experience | | | | | | |
| Number of employers in past 5+ years:  *List Employment History on separate sheet* | | | |  | | |
| Notes: | | | | | | |
| Soft Skills | | | | | | |
| Communication | | | Teamwork | | | Organization |
| Time management | | | Leadership | | | Problem solving |
| ☐ | | | ☐ | | | ☐ |
| ☐ | | | ☐ | | | ☐ |
| Hard Skills | | | | | | |
| Customer service | Computer skills | | | | Typing speed | |
| Data experience | Documentation | | | | Processing requests and orders | |
| Driving vehicles | Handling food | | | | Construction or repair | |
| Reporting | Quality assurance | | | | Management | |
| Cashier skills | Patient care | | | | Operating tools and machinery | |
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| Notes: | | | | | | |
| Other Qualifications | | | | | | |
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| **Assessed Employment Barriers** | |
| Client Employment Barriers | Services to Address Barriers |
| Limited English language proficiency |  |
| Low literacy and/or numeracy skills |  |
| Lack of employment authorization |  |
| Lack of identification (e.g. Social Security Card, State ID or driver’s license, etc.) |  |
| Limited employment history |  |
| Limited education |  |
| Physical health incapacities |  |
| Mental health incapacities |  |
| Substance use |  |
| Lack of necessary resources (e.g. childcare, transportation, etc.) |  |
| Unsafe or unstable housing |  |
| Criminal history affecting employment |  |
| Lack of social networks |  |
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| Notes: | |

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| **Service Plan** |
| **Job Readiness Training** |
| Activities: |
| Start: |
| End:  *Complete when participant completes or discontinues activity.* |
| Notes: |
| **Career Counseling** |
| Activities: |
| Start: |
| End:  *Complete when participant completes or discontinues activity.* |
| Notes: |
| **Career Pathway Development** |
| Activities: |
| Start: |
| End:  *Complete when participant completes or discontinues activity.* |
| Notes: |
| **Job Search Assistance** |
| Activities: |
| Start: |
| End:  *Complete when participant completes or discontinues activity.* |
| Notes: |
| **Job Skills Training** |
| Activities: |
| Start: |
| End:  *Complete when participant completes or discontinues activity.* |
| Notes: |
| **Basic Education** |
| Activities: |
| Start: |
| End:  *Complete when participant completes or discontinues activity.* |
| Notes: |
| **English Language Acquisition** |
| Activities: |
| Start: |
| End:  *Complete when participant completes or discontinues activity.* |
| Notes: |
| **Nonpaid Work Experience** |
| Activities: |
| Start: |
| End:  *Complete when participant completes or discontinues activity.* |
| Notes: |
| **Self-Employment Training** |
| Activities: |
| Start: |
| End:  *Complete when participant completes or discontinues activity.* |
| Notes: |
| **Case Management** |
| Activities: |
| Start: |
| End:  *Complete when participant completes or discontinues activity.* |
| Notes: |
| **Job Retention Services** |
| Activities: |
| Start: |
| End:  *Complete when participant completes or discontinues activity.* |
| Notes: |
|  |
| Activities: |
| Start: |
| End:  *Complete when participant completes or discontinues activity.* |
| Notes: |

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| **Declaration and Signature** |

The following are the requirements to participate in the Food Assistance Program (FAP) Employment & Training (E&T) program:

* Receive state-funded Food Assistance Program (FAP) benefits;
* Not receive Temporary Assistance for Needy Families (TANF) or State Family Assistance (SFA);
* Cooperate with the requirements of this Individual Employment Plan; and
* Check in with your FAP E&T case manager at least monthly.

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| I, |  | | | , have read the requirements and agree to abide by them. |
|  | *(Print Name)* | | |  |
| ☐ Yes | | ☐ No | I understand this form and that the contents may be explained to me in my primary language. | |

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| *Client Signature* |  | *Date* |
|  |  |  |
| *Case Manager Signature* |  | *Date* |
|  |  |  |
| *Interpreter Signature (required if client cannot understand this form in English)* |  | *Date* |

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| **Employment History** | | | |
| Employer: |  | | |
| Employment Dates | From: | To: | |
| Wages: |  | | Hours Per Week: |
| Job Title: |  | | |
| Work Performed: |  | | |
| Reason for Leaving: |  | | |

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| --- | --- | --- | --- |
| Employer: |  | | |
| Employment Dates: | From: | To: | |
| Wages: |  | | Hours Per Week: |
| Job Title: |  | | |
| Work Performed: |  | | |
| Reason for Leaving: |  | | |

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| --- | --- | --- | --- |
| Employer: |  | | |
| Employment Dates | From: | To: | |
| Wages: |  | | Hours Per Week: |
| Job Title: |  | | |
| Work Performed: |  | | |
| Reason for Leaving: |  | | |

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| --- | --- | --- | --- |
| Employer: |  | | |
| Employment Dates | From: | To: | |
| Wages: |  | | Hours Per Week: |
| Job Title: |  | | |
| Work Performed: |  | | |
| Reason for Leaving: |  | | |

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| --- | --- | --- | --- |
| Employer: |  | | |
| Employment Dates | From: | To: | |
| Wages: |  | | Hours Per Week: |
| Job Title: |  | | |
| Work Performed: |  | | |
| Reason for Leaving: |  | | |

1. \**Complete only if participant is authorized to work in the U.S. at the time of initial IEP completion or update.* [↑](#footnote-ref-1)