EMPLOYMENT ASSESSMENT &

INDIVIDUAL EMPLOYMENT PLAN

**Intake Date:       Agency: TRAC Associates**

**EJAS Provider ID: 6BR Case Manager Name**:       **Phone/email**:

**Client Name**:       **Phone**:

**Address:**

**Alien Number: A****Date of Birth:** **Date of Arrival to U.S.:**

**Family size:** **Children’s ages:** **Client e-JAS ID:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]  LEP Pathway [ ]  RSEN-Refugees with Special Employment Needs**

**[ ]  Temporary Assistance to Needy Families (TANF), months on TANF:** **[ ]  Refugee Cash Assistance (RCA)**

**[ ]  Non-Public Assistance (PA)-Refugees less than 5 years in U.S.**

**OR**

[ ]  **Basic Food Employment & Training**

[ ]  **Basic Food Assistance/SNAP, Non-TANF, non-RCA, non U.S. citizen**

## Work Experience/Transferable Skills

**Home country/U.S.:**

**Education and/or training:**

#### Volunteer work skills:

#### Current Employment:

# Education/Language Status

#### ESL level:       Date Assessed:

**Referred for ESL to:**

**ESL referral date:**

**ESL Contact Person:** **Phone:** **Email:**

## Assessed Employment Barriers

|  |  |
| --- | --- |
| Client Employment Barriers | Services implemented to address barriers |
| [ ]  Limited or no transferable work skills |       |
| [ ]  Limited English  |       |
| [ ]  Childcare issues |       |
| [ ]  Mental Health Issues (needs referral) |       |
| [ ]  Physical limitations/health issues (needs referral) |       |
| [ ]  Lack of transportation  |       |
| [ ]  Unstable housing  |       |
| [ ]  Legal/criminal record that limits jobs available |       |
| [ ]  Needs skill training for employability |       |
| [ ]  No Social Security Number/Card |       |
| [ ]  Other |       |

##### Employment Plan

##### Work Preparation/Job Search Goals

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Start Date** | **End Date** | **Hours/week** |
| [ ]  ESL classes at:       |  |  |  |
| [ ]  Customized ESL tutoring for work/daily survival |  |  |  |
| [ ]  Social Adjustment Workshop or counseling |  |  |  |
| [ ]  Cultural orientation/employment readiness workshop |  |  |  |
| [ ]  Job club/similar services |  |  |  |
| [ ]  Job search with help from job developer |  |  |  |
| [ ]  Independent Job Search  |  |  |  |
| [ ]  Employment (part-time)  |  |  |  |
| [ ]  Work Experience (WEX) TANF only  |  |  |  |
| [ ]  Skills training at:       |  |  |  |
| [ ]  Other  |  |  |  |

Employment Goals

**Wage or Salary Expectations**:       **Mode of** **Transportation:**

**Immediate Job Goal(s):**

**Hours available for job search**:

**Hours available for Work/Work Experience**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Case Manager Signature*  *Date***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Client Signature*  *Date***

**Client’s Preferred or Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BFET Service and/or information provided in the following language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Interpretation (verbal) and /or translation (written) was provided by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Print name*  *Signed Name* *Date***

**Above interpreter and/or translator is the following:**

 **TRAC Staff**

 **TRAC Volunteer**

 **Contracted Telephonic Interpreter (signature is not required but interpreter ID is needed)**

 **Contracted Translator (signature is not required but interpreter ID is needed)**

 **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
|  |

The following are the requirements to participate in the Basic Food Employment & Training (BFET) program:

* Receive Basic Food Assistance from DSHS;
* Be able to work at least 20 hours per week;
* Cooperate with the requirements of this Individual Employment Plan; and
* Meet with your BFET case manager at least monthly
* Not receiving Temporary Assistance for Needy Families (TANF), Refugee Cash Assistance (RCA) or other cash assistance under Title IV such as Tribal TANF.

|  |  |  |
| --- | --- | --- |
| I,  |       | , have read the requirements and agree to abide by them. |
|  | *(Print Name)* |  |
| [ ]  Yes | [ ]  No | I understand this form and the contents have been explained to me in my primary language. |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Client Signature* |  | *Date* |

 **Client declined interpretation and/or translation service.**

**Client’s initial/signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**