EMPLOYMENT ASSESSMENT &

INDIVIDUAL EMPLOYMENT PLAN

**Intake Date:       Agency: TRAC Associates**

**EJAS Provider ID: 6BQ 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**