



**WORKFORCE DEVELOPMENT COUNCIL SNOHOMISH COUNTY MEMORANDUM: WIA  
TITLE I-B PROGRAM MANAGEMENT POLICIES AND PROCEDURES**

To: All WIA Title I-B Dislocated Worker Program Subrecipients

Subject: Trade Adjustment Act and Dislocated Worker Co-Enrollment

Effective Date: July 25, 2013

In the case of laid off Boeing employees who co-enroll in Trade Adjustment Act (TAA) and Workforce Investment Act (WIA) Title 1-B Dislocated Worker programs, including Rapid Response Additional Assistance and National Emergency Grant programs, on or after July 25, 2013, the attached co-enrollment packet will be used in place of the traditional WIA enrollment packet.

Separate participant files will be maintained by WIA and TAA staff and, in the case of an audit of either program, both files will be provided to the auditors.

WIA intensive service participant contact requirements remain, however, TAA Counselor contact can serve to meet the requirements if the participant is enrolled in training.

A policy that will standardize this practice for all TAA/WIA co-enrollees is in development.

Thank you,

Amy Persell  
Director of Service Delivery  
Workforce Development Council Snohomish County



# TAA/WIA REGISTRATION FORM (Page Two)

SSN

First Name  0 | MI | 0

Last Name  0

**DISLOCATED WORKER**

**FOR STAFF USE ONLY**

**57 COMMENTS**

**47** JOB OF DISLOCATION (Employer Name)

Fields 51 through 57

**51** NAICS

**48** JOB TITLE

**52** O\*NET CODE

**49** LAST DAY OF WORK

Month Day Year

**53** DISLOCATED WORKER ELIGIBILITY

General Dislocated Worker

Plant Closure

180 Days Prior Notice

Self Employed/Unemployed

Displaced Homemaker

**50** \$  .   
Hourly Wage

**54** SKILLS LEVEL

Grade level is preferable to Score or Code

Reading

or

Math

or

**55** SERVICES

WIA Youth

ARRA Adult

ARRA Dislocated Worker

ARRA Youth

Other

**56** CONTRACT #(s)

1 12-RWS-X-151-WDW

2 12-RWS-X-164-WDW

3

**CERTIFICATION** I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this form. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I understand that receiving services is subject to availability of federal funds. I have been advised of equal opportunity, appeal rights, and the Privacy Act of 1974.

**58** Signature of Applicant

Date

**59** Signature of Parent, Guardian or Responsible Adult (if Applicant is Under 18 Years Old)

Date

**60** Signature of Service Provider Representative

Date

## ENROLLMENT FORMS

The purpose for enrollment in the TAA and WIA programs is to assist you in returning to work as quickly as possible. To achieve this during your participation in the program, it is very important for you to have regular contact with your assigned program specialist.

Initial

### DATA SHARING AGREEMENT

I have received a copy, read and understand the Data Sharing agreement. I understand that the information provided is private and confidential and will be shared among WorkSource partners to facilitate the delivery of services provided to me.

Initial

### PARTICIPANT AGREEMENT

I have received a copy, read and understand the Participant and Job Search agreements. I understand that if I have any changes in personal information or progress in training that I need to contact my Counselor. While in training failure to remain in quarterly contact with my Counselor will result in permanent termination of TAA training services. I will maintain contact monthly contact while in job search and once employed for one year.

Initial

### EQUAL OPPORTUNITY IS THE LAW

I have received a copy, read and understand the Equal Opportunity form. I understand that it is against the law for WorkSource Snohomish County to discriminate on the following basis. Race, color, religion, sex, national origin, age, disability, political affiliation or belief, and in service delivery, based on citizenship or status as a participant in any programs or activities receiving federal financial assistance. If I believe I have been discriminated against, I have been provided the contact information to file a complaint within the 180 days from the alleged discrimination.

Initial

### AUTHORIZATION TO RELEASE INFORMATION

I have received a copy, read and understand the Release of Information agreement. I understand that I have given my permission for my TAA and WIA Counselors to request information from other businesses and agencies for enrollment, transcript of grades, class registration, test results, unemployment insurance, work history and information related to job training and placement information from a new employer. This authorization will expire 12 months after exiting the program.

Initial

### LOCAL COMPLAINT AND GRIEVANCE

I have received a copy, read and understand the local office Complaint and Grievance Procedure form. I understand that if I feel I have a complaint/grievance relating to employment or training I have the right to file a complaint and will not be penalized for filing.

Customer  
Initial

### SOCIAL SECURITY CARD & PHOTO ID VERIFICATION

I have provided my Counselor a visual verification of my social security card and photo ID. I understand that the information provided is private and confidential is needed to verify this information for Alien Registration and for employability reasons, as most Employers will need to verify this information upon hire.

Counselor  
Initial

### ALIEN REGISTRATION/NATURALIZATION VERIFICATION

I have verified this information through the GUIDE Q2 screen. The question "Citizen?" is answered with a \_\_\_\_\_, if No, the "Expiration Date" is \_\_\_\_\_.  
I have entered the appropriate information into SKIES (Core Basic> Program Data screen).

Counselor  
Initial

Participant Signature

Date

Counselor Signature

Date

### **Data Sharing Notice for WorkSource**

The information you provide us is private and confidential and will be shared among WorkSource partners to facilitate the delivery of services to you. Examples of WorkSource partners are community colleges, community service organizations, the Department of Social and Health Services (DSHS), and the Division of Vocational Rehabilitation within DSHS. Each region will have some or all of these types of WorkSource partners and the partners differ in each region. The information will be shared with WorkSource partners only for the purpose of providing you employment and training-related services.

The information we will share includes: the personal information you have provided us such as your name, address and Social Security Number, other relevant identifying information, and your employment and educational history. Sharing of the information among WorkSource partners allows you to receive services from them without having to give the same information to each of the partners.

By contract, WorkSource partners are prohibited from further disclosing this information. This information is not subject to disclosure under the Public Records Act (RCW 42.17.310).

You may ask us to not share your information with WorkSource partners and we will honor that request. However, in order to take advantage of the services WorkSource partners offer, you will need to give each one of them information about yourself.

Unless you ask us to not share your information, the relevant information will be shared with our WorkSource partners, so they can assist you in employment and training-related services.

Please be advised that even if you ask us to not share your information with WorkSource partners, your information may be shared or disclosed as otherwise required by state or federal law.

## **PARTICIPANT AGREEMENT**

The purpose for enrollment in the TAA/WIA program is to assist you in returning to work as quickly as possible. To achieve this during your participation in the program, it is very important for you to have regular contact with your TAA/WIA Counselor. The TAA/WIA program *may* provide you the following services:

### **RE-EMPLOYMENT SERVICES**

This may include registration, assessment, labor market information; job development, job referrals, and job search workshops or resume assistance.

### **JOB SEARCH ALLOWANCE**

Job search allowance may provide you a reimbursement for a percentage of travel if you obtain an interview more than 50 miles from your residence. This allowance must be requested in advance and within 365 days of the most recent layoff from Trade certified company or certification date or no later than 182 days after completion of TAA approved training, whichever is later.

### **RELOCATION ALLOWANCE**

This is assistance you may be provided in moving to a new job which is out of the local labor market. You may receive a reimbursement for transportation costs for you and your family and reimbursement of the federal per diem for lodging and meals if travel is more than one day for you and your family. This allowance covers a percentage of the cost to move up to 18,000 pounds of your household goods (need 2 guaranteed quotes) plus a lump sum amount. This benefit must be requested in advance and within 425 days of the most recent lay off from Trade certified company or certification date or no later than 182 days after completion of TAA approved training, whichever is later.

### **CLASSROOM TRAINING**

You may receive funding for up to the allowable weeks of training (amount of weeks depend on your petition number), including tuition, books, supplies and required tools. Only tools required for training will be approved. If you fail to maintain a quarterly in person contact with your TAA counselor it could result in termination of your training plan.

### **ON-THE-JOB-TRAINING (OJT)**

OJT provides incentives for employers to hire you. OJT pays the employer up to 50% of the wages paid to you during the training period.

### **TRADE READJUSTMENT ALLOWANCES (TRA)**

TRA may pay income support equal to your unemployment benefits. You must be in TAA approved training or received a waiver from the training requirement to receive TRA payments. Your TAA Service Provider is the only person to advise, counsel, troubleshoot, or approve all facets of participation in and receipt of benefits through the Trade Act program; rules, regulations, and benefits. By signing the coversheet, you agree to inform your TAA Counselor of any changes in your progress in school or changes in name or address. When you obtain employment it is your responsibility to provide your TAA Counselor information to include: Employer name, address and phone number; job title, wage and employment start date. Remember you must remain in quarterly contact with your TAA Counselor, failure to do so will result in an exit of the program.

### **WIA SUPPORT SERVICES**

Support services are intended to be provided on a one time or time limited basis and are dependent on availability of funds. Support service may include transportation costs, including gas or car repairs for safety purposes, tools for employment or school, past due utility bills, clothing or shoes for employment or interviewing and other support services within WIA policy.

## Job Search Agreement

### General Requirements

- ✓ Notify your case manager if you change your address and/or telephone number
- ✓ Notify your case manager if you have any changes in your personal situation and/or health that could impact the completion of your training and/or job readiness.
- ✓ Contact your case manager on a monthly basis or more often as needed.

### Requirements for Job Search

- ✓ Attend career planning and job development workshops as directed by your case manager.
- ✓ Once employed, provide your case manager with your employer name, job title, employer address, telephone number, and your wage. Client will contact his/her case manager each month for one year following exit date.

Failure to comply will result in your termination from the program and a loss of funding. You agree to the conditions stated above and realize that you are expected to seek full-time employment or will be, upon the completion of training, expected to seek full-time employment in the occupation for which you have received training.

### JOB SEARCH ALLOWANCE

  
Initial

Job search allowance may provide you a reimbursement of allowable expenses for travel, meal & lodging if you obtain an interview more than 50 miles away. **This allowance must be requested in advance** and within 365 days of the most recent layoff from Trade certified company or certification date or no later than 182 days after completion of TAA approved training, whichever is later. Contact your Counselor.

### RELOCATION ALLOWANCE

  
Initial

Relocation assistance may be provided if you need to relocate for a new job more than 50 miles away. You may receive reimbursement for moving expenses, transportation costs, lodging and meals for you and your family members. **This benefit must be requested in advance** and within 425 days of the most recent lay off from Trade certified company or certification date or no later than 182 days after completion of TAA approved training, whichever is later. Contact your Counselor.

### BASIC TRADE READJUSTMENT ALLOWANCES (TRA)

  
Initial

TRA may pay income support equal to your unemployment benefits once you have exhausted your unemployment benefits. You are still required to continue your job search activities and received a waiver from the training requirement to receive TRA payments. Contact your Counselor.

### HCTC ELIGIBILITY

  
Initial

HCTC or the "Health Coverage Tax Credit" can be used to pay a portion of eligible health insurance premiums for participants who qualify. For general questions phone the IRS/HCTC Customer Contact Center at 1(866) 628 4282 or at the HCTC web site: [www.irs.gov/individuals](http://www.irs.gov/individuals).

### ON THE JOB TRAINING (OJT)

  
Initial

The purpose of an OJT is to provide an incentive for employers to hire you, when they would not normally be able to do so because of training expenses. Trade Act pays for part of the employer's cost of training you. Contact your Counselor.

### RTAA/ATAA

  
Initial

RTAA/ATAA allows workers 50 years of age or older, who are reemployed at a reduced rate (salary limitations apply, ask your Case Manager), the option to choose to receive a wage subsidy covering part of the difference between their new salary and old salary. Contact your Counselor.

### WIA SUPPORT SERVICES

  
Initial

Support services are intended to be provided on a one time or time limited basis and are dependent on availability of funds. Support service may include transportation costs, including gas or car repairs for safety purposes, tools for employment or school, past due utility bills, clothing or shoes for employment or interviewing and other support services within WIA policy.

Participant Signature

Date

Counselor Signature

Date

## EQUAL OPPORTUNITY IS THE LAW

### Equal Opportunity Is the Law

It is against the law for this recipient of federal financial assistance to discriminate on the following bases:

- Against any individual in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and
- Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States or his or her participation in any WIA Title I financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access to, any WIA Title I financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to, such a program or activity; or
- Making employment decisions in the administration of, or in connection with, such a program or activity.

### What to do if you believe you have experienced discrimination

If you think that you have been subjected to discrimination under a WIA Title I financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Equal Opportunity Officer  
Workforce Development Council Snohomish Co.  
728 134<sup>th</sup> St. SW, Ste. 128  
Everett, WA 98204  
425-921-3488 / Relay 711

or

Equal Opportunity Officer  
Employment Security Department  
P.O. Box 9046  
Olympia, WA 98507-9046  
360-725-9454 / Relay 711

or

Director, Civil Rights Center  
U.S. Department of Labor  
Room N-4123  
200 Constitution Avenue NW  
Washington, D.C. 20210  
202-693-6502  
TTY: 202-693-6515

If you file your complaint with the recipient, you must wait until the recipient issues a written Notice of Final Action or until 90 days have passed (whichever is sooner) before filing a complaint with the CRC (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadlines (in other words, within 120 day after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.



## AUTHORIZATION TO RELEASE INFORMATION

\_\_\_\_\_  
Date SKIES ID or SSN \_\_\_\_\_

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

I give permission for my records including record of enrollment, transcript of grades, class registration, test results, unemployment insurance, work history and other information related to job training and placement to be reviewed by representatives of Employment Security Department (ESD), WorkSource (WS), Division of Vocational Rehabilitation (DVR), Department of Social and Health Services (DSHS), Workforce Development Council (WDC) and its contractors.

***This Authorization will expire 12 months after exiting the program.***

**I understand that these service providers are bound by the rules of confidentiality.**

\_\_\_\_\_  
Signature of Participant Date Signed \_\_\_\_\_

**REQUESTED BY:** \_\_\_\_\_  
Service Provider

**REQUESTED INFORMATION:** \_\_\_\_\_

**ROUTE REQUEST TO THE FOLLOWING:**

<input type="checkbox"/> DSHS	<input type="checkbox"/> DVR
<input type="checkbox"/> ESD	<input type="checkbox"/> WDC
<input type="checkbox"/> WS	<input type="checkbox"/>
<input type="checkbox"/> OTHER _____	

WorkSource Snohomish County is an equal opportunity employer and provider of programs and services.  
Auxiliary aids and services are available upon request to people with disabilities.

## SUMMARY OF RIGHTS AND

### COMPLAINT AND GRIEVANCE PROCEDURES

*This is a summary of the Rights and Complaint and Grievance Procedures. You may request a copy of the complete document from the Human Resources Director at (425) 921-3488 or [debbie.little@wdcsc.org](mailto:debbie.little@wdcsc.org)*

#### RIGHTS

**You have the right to** file a grievance if you feel you have a complaint or grievance relating to your employment and/or training. Your grievance must contain sufficient information for us to determine if it should be heard by the Snohomish County Workforce Development Council (WDC) or another agency. You will not be penalized for filing a grievance. This procedure does not prevent you from concurrently filing the same grievance involving the same issue(s) with your employer or other agency (ies).

#### FILING A COMPLAINT

**To file a complaint**, contact the Human Resources Director at the WDC and tell her that you want to file a grievance. The Human Resources Director will provide you with the necessary information and assistance to put your grievance in writing. Within ten (10) days of filing the grievance, an informal conference may be held to resolve the matter. If you feel that your complaint is not resolved during the informal conference, you may request a hearing. A hearing will be scheduled within thirty (30) days of filing the grievance. You will be notified in writing of the date, time, and place of hearing. The hearing will be conducted with an impartial hearing officer.

#### RIGHTS AT HEARING

**At the hearing you may:**

- Bring witnesses and documentary evidence.
- Question any witness or parties.
- Have records or documents relevant to the issue(s) produced by their custodian when such records or documents are kept in the ordinary course of business; by the WDC; or any person, entity, or organization performing work for the WDC.
- Request a rescheduling of a hearing for good cause.
- Be represented by an attorney or other person of your choice.

#### DECISION

A decision will be rendered within sixty (60) days of filing your grievance.

#### APPEAL

If you are not satisfied with the final decision, you may appeal the decision to the State of Washington, Attention: Assistant Commissioner, Employment Security Department, WorkSource Standards & Integration Division, PO Box 9046, Olympia, WA 98507

WorkSource Snohomish County  
Trade Adjustment Assistance (TAA)/ Workforce Investment Act (WIA)

## INITIAL NEEDS ASSESSMENT

All participants enrolled in TAA/WIA programs will be assessed to determine current level of skills and work related experiences. This assessment is essential to gather information to develop strategies to match your needs with appropriate services.

Your Name	
Desired Occupation(s):	Target Wage:

### EMPLOYMENT HISTORY

Use this section to list both volunteer and paid experience over the past 10 years (include additional sheets if necessary). For volunteer work, 174.3 hours equals one month of experience.

Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Average Hours /Per Week	
Reason for Leaving		Volunteer <input type="checkbox"/>		Number of Employees Supervised	
Specific Duties: (Skills, Experience or Training)					
Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Average Hours /Per Week	
Reason for Leaving		Volunteer <input type="checkbox"/>		Number of Employees Supervised	
Specific Duties: (Skills, Experience or Training)					
Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Average Hours /Per Week	
Immediate Supervisor's Name	Reason for Leaving		Volunteer <input type="checkbox"/>		Number of Employees Supervised
Specific Duties: (Skills, Experience or Training)					
Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Average Hours /Per Week	
Immediate Supervisor's Name	Reason for Leaving		Volunteer <input type="checkbox"/>		Number of Employees Supervised
Specific Duties: (Skills, Experience or Training)					

WorkSource Snohomish County  
Trade Adjustment Assistance (TAA)/ Workforce Investment Act (WIA)

**JOB SEEKING SKILLS**

Have you attended any Job Hunter workshops within the past three months?  Yes  No  
 (If yes, mark those you have attended)

<input type="checkbox"/> Orientation to WorkSource Services	<input type="checkbox"/> Perfecting Applications
<input type="checkbox"/> Skills and Abilities Analysis	<input type="checkbox"/> Effective Resumes and Cover Letters
<input type="checkbox"/> Job Search Strategies	<input type="checkbox"/> Interviewing Techniques

Type of work currently seeking \_\_\_\_\_  
 Counties and/or Cities where you are willing to work: (Please list below) \_\_\_\_\_ or Statewide? \_\_\_\_\_ Nationwide? \_\_\_\_\_

**BARRIERS TO EMPLOYMENT**

<input type="checkbox"/> None	<input type="checkbox"/> Child Care	<input type="checkbox"/> Program Limitations
<input type="checkbox"/> Physical Limitation	<input type="checkbox"/> Work History	<input type="checkbox"/> Age
<input type="checkbox"/> Uncertain Employment Goal	<input type="checkbox"/> Housing	<input type="checkbox"/> Other
<input type="checkbox"/> Lack of Job Search Skills	<input type="checkbox"/> Job Market	
<input type="checkbox"/> Skill Level	<input type="checkbox"/> Education Level	
<input type="checkbox"/> English Language Skills	<input type="checkbox"/> Transportation	

**EDUCATION AND TRAINING**

Have you graduated from high school or passed the GED?  Yes  No  
 Use this section to list college, business school, military training or other training or education.

School Name and Location	Month and Year Attended From and To	Completed training program?		Major	Type of Degree Awarded - AA, AS, BA, BS, PhD	Year Received
		Yes	No			
1	/					
2	/					
3	/					
4	/					
5	/					

**CONTACT INFORMATION**

Your Mailing Address	City	State	Zip
Phone	Cell Phone	E-mail Address	

Please list people we could contact if unable to reach you. These should be someone who would always know what you are doing in case you move or go to work and forget to tell us.  
 Examples: parent, child, grandparent, aunt, uncle, cousin, neighbor, minister, friend or ex-spouse.

Contact #1	Contact #2	Contact #3
Name		
Relationship		
Phone		
E-Mail Address		

**ASSESSMENT INFORMATION**

Please provide the following information so that we can better understand how to best serve you

Monthly Income		MONTHLY EXPENSES	
Unemployment:		Mortgage:	
Wages:		Rent:	
Spouse/Companion wages:		Utilities:	
Social Security:		Cable/Internet/Phone	
Pension:		Food:	
Labor & Industries Compensation:		Car insurance	
Food Stamps:		Car payment:	
TANF:		Gas/Transportation	
Veteran's Assistance:		Medical Insurance:	
Rental Income:		Credit cards:	
Alimony/ Child support:		Adult/Child care:	
		Child Support/Alimony:	
Other:		Other:	
<b>Total Income:</b>		<b>Total Expenses:</b>	

Would your family and friends support your decision to Job search and/or attend training?  Yes  No

Are there any issues that would prevent you from fully participating in job search or training?  Yes  No

If yes, please list your concerns, for example, housing, child or elder care, transportation, etc. \_\_\_\_\_

Do you have access to transportation that would allow you to job search or attend training reliably?  Yes  No

Housing: Please check: Mortgage \_\_\_ Rent \_\_\_ Homeless \_\_\_ Expect changes in housing situation? \_\_\_

Driver's License Number \_\_\_\_\_ State: \_\_\_\_\_ CDL? Class: A \_\_\_ or B \_\_\_

Do you or have you had any legal issues that would prevent you from securing employment?  Yes  No

If yes please check: Home Detention \_\_\_ Work Release \_\_\_ Felony \_\_\_ Misdemeanor \_\_\_ On parole \_\_\_

Other previous legal issues that would effect employment: \_\_\_\_\_

How many dependents are living in your household? \_\_\_\_\_

What is your plan if monthly expenses exceed income?  
\_\_\_\_\_  
\_\_\_\_\_

WorkSource Snohomish County  
Trade Adjustment Assistance (TAA)/ Workforce Investment Act (WIA)

Strength Based Measurement Tool

Skill	Not Developed	Beginner	Quite Capable	Very Capable
Computer skills (Able to utilize computers for job search, completing online applications and writing resumes)				
Planning and research (I know how and where to find information about jobs, the current labor market and available resources)				
Decision making (I gather information, study my options, then decide)				
Organization (I set priorities and organize to achieve them)				
Communication (oral) (I speak and present clearly and effectively)				
Communication (written) (I produce accurate, clear, written communication)				
Networking (I can connect with people in person and electronically, i.e. LinkedIn, to increase my network)				
Marketing (I can market my skills and experience to employers, i.e. I have a 30 second commercial, LinkedIn account)				
Financial management (I know how to adjust my life style and manage cash flow)				
Creative thinking (I look for new ways to solve problems and adapt my goals as I find solutions)				
Goal setting (I set and work towards short, medium and long-term goals)				
Time Management (I can manage my time and prioritize my activities in order to meet deadlines)				

WorkSource Snohomish County  
Trade Adjustment Assistance (TAA)/ Workforce Investment Act (WIA)

Individual Employment Plan--Page Two

Name: \_\_\_\_\_

<b>Category: Intensive WIA Services</b>	<b>Activity Code: IOO</b>	
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Activities: Maintain regular monthly contact with ES and provide updates on contact info, progress with job search activities, trainings, and attend all scheduled appointments, activities and/or workshops.

<b>Category: Intensive Job Search</b>	<b>Activity Code:</b>	<b>Start/End Date:</b>
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Objective to be addressed	
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Activities:	
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Results (Expected:)	
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Results (Occurred:)	
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Objective to be addressed	
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Activities:	
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Results (Expected:)	
---------------------	--

Results (Occurred:)	
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Objective to be addressed	
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Activities:	
-------------	--

Results (Expected:)	
---------------------	--

Results (Occurred:)	
---------------------	--

Objective to be addressed	
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Activities:	
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Results (Expected:)	
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Results (Occurred:)	
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<b>Category: Training</b>	<b>Activity Code:</b>	<b>Start/End Date:</b>
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Objective to be addressed	
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Activities:	
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Results (Expected:)	
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Results (Occurred:)	
---------------------	--

Participant's Agreement To This Plan: I have participated in the development of this employment plan and I agree to participate in the activities described in this plan and future modifications. I understand that the services described in this plan shall be provided on the basis of available funding and maintaining satisfactory progress.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager's Signature

\_\_\_\_\_  
Date