

**WORKFORCE INNOVATION AND OPPORTUNITY ACT TITLE I-B YOUTH PROGRAM**  
**INDIVIDUAL SERVICE STRATEGY**

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

Date: \_\_\_\_\_

Employment Specialist: \_\_\_\_\_

Program: \_\_\_\_\_

Career Goals: Long term \_\_\_\_\_

Short term: \_\_\_\_\_

This plan describes the overall service strategy to assist you in reaching your program goals. It will be developed with your Employment Specialist.

Service Group	Activities	MIS Activity Code(s)	Planned Start/End
<b>Educational Achievement Services</b>		A OB	
<b>CASAS scores</b>			
<b>Citizenship/ Leadership Service</b>		C WR	
<b>Mentoring Support for Youth</b>		MCS	
<b>Next Step Planning</b>			
<b>Support Services while in GED program</b>			
<b>Occupational Skill Training</b>		O ST	
<b>My First Job</b>			
<b>Employment Services</b>		EWP	
<b>Job Placement Service</b>		JBS	

<b>Unsubsidized Employment</b>		UER	
<b>Support Services for beyond GED services</b>			
<b>Other</b>			

*I have met with my Case Manager and agree to the above service strategy.*

\_\_\_\_\_  
*Participant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*