



THE SNAP EMPLOYMENT AND TRAINING EMPLOYABILITY PLAN

Case Name: _____ Caseworker: _____ Date: _____

Enter the appropriate component agreed upon with the client and indicate selected facility, referral and dates.

PROGRAM COMPONENT	FACILITY	REFERRAL DATE	REFERRAL TYPE	ENTRY DATE	END DATE
1. BASIC ED					
a) LIT/ABE					
b) HS/GED					
c) ESL					
2. JOB SEARCH					
3. JOB READINESS					
4. VOCATIONAL TRAINING					
5. WORK EXPERIENCE					
6. EARNFARE					
7. COMMUNITY WORK					

Employment Goal Plan

Employment Goal:

Intermediate Objective:



THE SNAP EMPLOYMENT AND TRAINING EMPLOYABILITY PLAN

Supportive Services Needed:

[Empty box for Supportive Services Needed]

Signature Section

I have reviewed and agreed to this plan.

Client Printed Name and Signature

Date

Department Representative Printed Name and Signature

Date

Distribution: Original - client, copy in case file



THE SNAP EMPLOYMENT AND TRAINING EMPLOYABILITY PLAN

Client Reassessment - Progress Report

Completed by: _____

Date: _____

New Program Component:

Reason for New Plan of Action:

Changes from Original Full Assessment:

Supportive Services Needed:

Client Reassessment - Progress Report

Completed by: _____

Date: _____

New Program Component:

Reason for New Plan of Action:

Changes from Original Full Assessment:

Supportive Services Needed:



THE SNAP EMPLOYMENT AND TRAINING EMPLOYABILITY PLAN

Client Reassessment - Progress Report

Completed by: _____

Date: _____

New Program Component:

Reason for New Plan of Action:

Changes from Original Full Assessment:

Supportive Services Needed:

Client Reassessment - Progress Report

Completed by: _____

Date: _____

New Program Component:

Reason for New Plan of Action:

Changes from Original Full Assessment:

Supportive Services Needed: