Commonwealth of Pennsylvania — Department of Public Welfare

Employment and Training Program

Employment Development Plan

☐ Initial Plan ☐ Revised Plan

CASE IDENTIFICATION				
County	Record Number	Cat..	Ctr. Dig.	Distribution

DATE OF INTERVIEW

ENROLLMENT STATUS

☐ Exempt Volunteer ☐ Non–Exempt Volunteer ☐ Non–Exempt

NAME	TELEPHONE NUMBER	SOCIAL SECURITY NUMBER

TWELVE MONTH GOAL

SERVICES REQUIRED – STEP 1	
PLAN	Begin Date End Date
CAO SUPPORT ACTIVITY	**COMPLETED**
CLIENT ACTIVITY	☐ Yes ☐ No Date

SERVICES REQUIRED – STEP 2	
PLAN	Begin Date End Date
CAO SUPPORT ACTIVITY	**COMPLETED**
CLIENT ACTIVITY	☐ Yes ☐ No Date

SERVICES REQUIRED – STEP 3	
PLAN	Begin Date End Date
CAO SUPPORT ACTIVITY	**COMPLETED**
CLIENT ACTIVITY	☐ Yes ☐ No Date

SERVICES REQUIRED – STEP 4	
PLAN	Begin Date End Date
CAO SUPPORT ACTIVITY	**COMPLETED**
CLIENT ACTIVITY	☐ Yes ☐ No Date

I understand that the above employment/development plan requires my participation and cooperation, and that I should notify my ETP Case Manager if any changes are needed in this plan.

Client Signature	*Date*	*ETP Worker's Signature*	*Worker's Number*	*Date*

☐ CAO COPY ☐ CAO COPY 2 ☐ CLIENT COPY