

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		
<input type="checkbox"/> Exempt Volunteer	<input type="checkbox"/> Non-Exempt Volunteer	<input type="checkbox"/> Non-Exempt

NAME

TELEPHONE NUMBER

SOCIAL SECURITY NUMBER

TWELVE MONTH GOAL

SERVICES REQUIRED – STEP 1	
PLAN	Begin Date End Date
CAO SUPPORT ACTIVITY	COMPLETED <input type="checkbox"/> Yes <input type="checkbox"/> No
CLIENT ACTIVITY	
Date	

SERVICES REQUIRED – STEP 2	
PLAN	Begin Date End Date
CAO SUPPORT ACTIVITY	COMPLETED <input type="checkbox"/> Yes <input type="checkbox"/> No
CLIENT ACTIVITY	
Date	

SERVICES REQUIRED – STEP 3	
PLAN	Begin Date End Date
CAO SUPPORT ACTIVITY	COMPLETED <input type="checkbox"/> Yes <input type="checkbox"/> No
CLIENT ACTIVITY	
Date	

SERVICES REQUIRED – STEP 4	
PLAN	Begin Date End Date
CAO SUPPORT ACTIVITY	COMPLETED <input type="checkbox"/> Yes <input type="checkbox"/> No
CLIENT ACTIVITY	
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.

_____	_____	_____	_____	_____
<i>Client Signature</i>	<i>Date</i>	<i>ETP Worker's Signature</i>	<i>Worker's Number</i>	<i>Date</i>

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