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

PA 1531 (SG)   05/06