

Employment Development Plan

Initial Plan

Revised Plan

CASE IDENTIFICATION	
COUNTY	RECORD NUMBER
CAT.	DIST.

NAME

DATE

TELEPHONE

Your answers to the following questions will help to assign you to a training program. Please complete this form and return it to your caseworker. If you need help to complete this form, contact the county assistance office.

Are you currently working? YES NO If yes, how many hours per week?

If no, when did you last work? MONTH / YEAR Do you expect to return to work within 60 days? YES NO

Are you attending training? YES NO Are you in school? YES NO

Which of the following do you need help with to enable you to go to work now?

<input type="checkbox"/> Training	<input type="checkbox"/> Drug/alcohol issues	<input type="checkbox"/> Driver's license
<input type="checkbox"/> Language	<input type="checkbox"/> High school/GED	<input type="checkbox"/> Child care
<input type="checkbox"/> Medical problems	<input type="checkbox"/> Ability to read/write	<input type="checkbox"/> Transportation
<input type="checkbox"/> Family problems	<input type="checkbox"/> Other: _____	

What would you like to do?

<input type="checkbox"/> Enroll in job training	<input type="checkbox"/> Continue current training	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Find a job	<input type="checkbox"/> Get more education	

Which of the following apply to you?

<input type="checkbox"/> I've worked six months out of the last twelve.	<input type="checkbox"/> I've trained for a specific job. Specify: _____
<input type="checkbox"/> I've served in the military (excluding Guard/Reserves).	<input type="checkbox"/> I have education beyond high school. Specify: _____
<input type="checkbox"/> I have a high school diploma or GED.	

CLIENT INITIALS:

WORKER INITIALS:

For more information visit: dhs.pa.gov/citizens/et or scan below.



CAO USE ONLY – DO NOT FILL OUT THIS PAGE OR SIGN UNTIL INSTRUCTED

ENROLLMENT STATUS

Volunteer

ABAWD

REQUIRED HOURS

Hours/Month

COMM. SERVICE OPTION

Hours/Month

TWELVE MONTH GOAL

--

SERVICES REQUIRED – STEP 1

BEGIN DATE:	END DATE:	COMPLETED? <input type="checkbox"/> Y <input type="checkbox"/> N	DATE:
PLAN:			
CAO SUPPORT ACTIVITY:			
CLIENT ACTIVITY:			

SERVICES REQUIRED – STEP 2

BEGIN DATE:	END DATE:	COMPLETED? <input type="checkbox"/> Y <input type="checkbox"/> N	DATE:
PLAN:			
CAO SUPPORT ACTIVITY:			
CLIENT ACTIVITY:			

SERVICES REQUIRED – STEP 3

BEGIN DATE:	END DATE:	COMPLETED? <input type="checkbox"/> Y <input type="checkbox"/> N	DATE:	PLAN:
CAO SUPPORT ACTIVITY:			CLIENT ACTIVITY:	

RIGHTS AND RESPONSIBILITIES

You may volunteer to enroll in a Supplemental Nutrition Assistance Program (SNAP) Employment and Training Program (E&T). Each contracted program has admission and participation requirements set by the third-party operator.

If you are an Able-Bodied Adult Without Dependents (ABAWD), you may choose to participate in SNAP E&T to meet the ABAWD work requirement and pause your three-month time limit on receiving benefits. You must maintain participation for 20 hours per week in approved activities to meet the requirement through E&T. The time limit will re-initiate if you stop meeting the hourly requirement for SNAP E&T.

If you fail to comply with SNAP E&T program requirements, you will be terminated from the SNAP E&T program and will no longer be eligible for special allowances. If you are not an ABAWD, your SNAP benefits will not be affected if you stop participating.

I understand that the above employment development plan requires my participation and cooperation and that I should notify my caseworker if any changes are needed in this plan.

<p>_____</p> <p align="center">CLIENT SIGNATURE</p>	<p>_____</p> <p align="center">DATE</p>	<p>_____</p> <p align="center">ETP WORKER SIGNATURE</p>	<p>_____</p> <p align="center">DATE</p>
---	---	---	---