

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
(FOOD STAMP) E&T PROGRAM
EMPLOYMENT PLAN**

PART 1: COUNTY: _____ **DATE:** _____

Registrant's Name: _____ **SSN** _____ **Assessment Date** _____

Employment Goal: _____

Steps Needed to Complete Goal:

1. _____
2. _____
3. _____
4. _____

PART 2: COMPONENT ASSIGNMENT

Component _____ **Date Assigned** _____

Assigned Activity	Hours per Wk	Supervising Person or Agency	Activity Start Date	Activity Location	Anticipated Completion Date

I understand the services that are available to me. I understand how to access these services in order to meet my planned employment goals.

Registrant's Signature _____ **Date** _____

I have discussed the employment activities and goals with this E&T Program registrant. I have explained to him or her what services are available and how to access these services in order to reach his or her employment goals. I will provide a copy of this plan to him or her.

Counselor's Signature _____ **Date** _____

Component _____ Date: _____

Assigned Activity	Hours per Wk	Supervising Person or Agency	Activity Start Date	Activity Location	Anticipated Completion Date

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Counselor's Signature _____ Date _____

**FOOD STAMP E&T PROGRAM
EMPLOYMENT PLAN
INSTRUCTIONS**

Use

The E&T worker uses this form to record the steps that the E&T registrant must take to become gainfully employed.

Completion

PART 1:

County - Enter the name of the county where the E&T Program is operated.

Date – Enter the date on which the plan is first established.

Registrant Name – Enter the name of the registrant.

SSN – Enter the SSN of the registrant.

Assessment Date – Enter the date on which the E&T Program assessment occurred.

Employment Goal – The employment goal established for the registrant.

Steps Needed to Complete Goal – Enter the steps the registrant should take to overcome barriers and become employed.

PART 2:

There are three sections that may be completed for component assignment. Complete a section each time the E&T Program registrant is assigned to a different component. If the registrant is assigned to more than one component, complete one section for each component.

Component – Enter the component to which the registrant has been assigned.

Date Assigned – Enter the date the registrant was assigned to the component.

Assigned Activity – Describe the activity (or activities) to be completed by the registrant.

Hours per WK – Enter the number of hours the registrant is expected to devote to the activity each week.

Supervising Person or Agency – Enter the name of the person or agency expected to supervise this activity.

Activity State Date – Enter the date on which the activity is expected to begin.

Activity Location – Enter the location where the majority of activity is expected to occur. (For job search no location is required.)

Anticipated Completion Date – Enter the date on which the activity is expected to be completed.

Both the registrant and the E&T Worker should sign the form each time a component assignment is made.

Routing & Retention

The original will be maintained in the E&T Program file. A copy will be provided to the registrant. The form will be retained for five years from the month the last entry to the form occurred.