Use the Action Plan on the reverse side to outline needs/tasks and responsibilities towards obtaining occupational goal.

Employment Goal/ Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am qualified for this job/occupation because I have the following: (mini profile) minimum of 3 in each column

|  |  |  |  |
| --- | --- | --- | --- |
| Education & Experience | Skills | Personality Adjectives | Personal Interests |
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List 2 forms of identification needed for I-9 form (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Employment Preferences:
   1. Benefits:  Health  sick time  401k  Vacation  other
   2. Wage($amount):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Transportation:  RIPTA  RIDE  provide own  staff  other
   4. Work Schedule:\_\_\_\_\_\_hours per week; Days per week  Su  M  T  W  Th  F  Sa; shift  1st  2nd  3rd
   5. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   6. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I would like the following Job Development Advocacy:
   1. I will do an independent job search:  yes  no If no, I will use  Supported Employment or  Customized employment
   2. Use Employer Incentives:  yes  no
      1. Work Opportunity Tax Credit \_\_\_\_\_\_\_\_\_
      2. On the Job Training funding hiring incentive  N/A from ORS  or From DLT
      3. Federal Bonding Program Other:
   3. I request the support of a job developer to work with my team: Job Developer Name:
      1. Resume assistance  Traditional or  Representational Portfolio
      2. Develop opportunities using  Discovery  Work Based Learning/ Situational Assessment experiences  Direct Hire
      3. Engage my network and Provide me with job leads
      4. Contact employers on my behalf  organize interview appointment
      5. Preparation on how to disclose my disability and accommodation needs
      6. Attend interviews with me  Obtain feedback from the interview
      7. Assistance negotiating a job offer
3. I agree to use the following resources:
   1. America Job Center (AJC)  AJC general  AJC workshops: Resume Development  AJC Interviewing
   2. Agency Job Club  Other Agency job search support: List:
   3. Job search planning meeting  Frequency \_\_\_\_\_\_
   4. Other:
4. I may need the following accommodations in the job search and hiring process (be specific): Job Accommodation Network [www.jan.wvu.edu](http://www.jan.wvu.edu)
   1. Application:
   2. Interview:
   3. On the Job-Accommodation:
   4. Other:
5. I may need the following job retention supports: Check all that apply
   1. Assistance arranging transportation \_\_\_\_\_\_\_ d. Development of mentor/natural support of co-worker \_\_\_\_\_\_\_
   2. On-site to assist with orientation and training: \_\_\_\_\_\_\_ e. Off-site support  Frequency \_\_\_\_\_\_\_\_\_\_
   3. Assistance with implementing job accommodations \_\_\_\_\_\_\_ f. Follow-up contact with my employer \_\_\_\_\_\_\_\_\_\_
6. Financial management:
   1. I would like to meet with a Work Incentives Benefits Counselor to review how earnings will affect SSI/SSDI and other benefits (food stamps, housing, heating assistance, cost of care, health insurance, etc.  YES  NO
   2. I will need assistance with managing my money (Bank account, cash assistance and earned income)  YES  NO
   3. I will contact SSA and other benefits to report earnings  on own  request assistance
7. Other:
8. I have signed a Release of Information Form addressing above needs

Employment Goal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(occupation/job title or list task priorities)

Plan Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Plan should be reviewed and updated every 30 days)** Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Person Responsible** | **Strategies and Tasks to support obtaining employment list anything from page 1 that needs to be completed  or other known need** | **Due Date/ Completed date** |
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Job Candidates Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Counselor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_