

FSET Employment Plan for:

Employability Plan Begin Date		End Date	
--------------------------------------	--	-----------------	--

Basic Information

Name			
PIN		Case	
Case Manager			

Goals and Action Steps

Goals	Action Steps	Expected Begin Date	Expected End date

Assigned Activities

1.		Provider Name	
Weekly Hours		Begin Date	End Date
Associated Goal			Co-enrolled Program
Comments			

2.		Provider Name	
Weekly Hours		Begin Date	End Date
Associated Goal			Co-enrolled Program
Comments			

FSET Employment Plan

3.				Provider Name	
Weekly Hours		Begin Date		End Date	
Associated Goal				Co-enrolled Program	
Comments					

4.				Provider Name	
Weekly Hours		Begin Date		End Date	
Associated Goal				Co-enrolled Program	
Comments					

5.				Provider Name	
Weekly Hours		Begin Date		End Date	
Associated Goal				Co-enrolled Program	
Comments					

Signature

I understand that by signing below, I am agreeing to the goals, action steps and assigned activities on this plan. I will contact my FSET Case Manager, listed on this Employability Plan (or listed on the attached letter) within 10 days of the receipt of this plan if I have any questions or concerns about this plan.

Participant Signature

Date

Representative Signature

Date

FSET Case Manager Signature

Date

Information if this was mailed to you

Return Instructions: Please review your Employment Plan and return a signed copy of your plan to the address below within 10 days of getting this letter. Keep a copy of this letter for your records. If we do not receive a copy within 10 days, this may result in a delay of supportive services.”

111 W Jackson St, 2nd Fl Wisconsin Rapids WI 54495