

New York State Employment Plan

Client Name: _____

Date: _____

Based on the information collected in the **New York State Employment Assessment** (Assessment), complete the following:

A. Goals and preferences

Describe the individual's employment goals and preferences, and any additional goals if applicable (e.g. educational, personal, family)

1. **Employment goal(s):** *(see Assessment Section I, question #24)* _____

2. **Additional goal(s):** _____

B. Challenges/barriers to client's ability to attain goals (describe):

1. Based on the Assessment, indicate challenges/barriers to the individual's ability to attain goals:

- | | | |
|--|--|--|
| <input type="checkbox"/> language barrier | <input type="checkbox"/> lacks necessary license | <input type="checkbox"/> lacks necessary job skills |
| <input type="checkbox"/> literacy levels | <input type="checkbox"/> lacks necessary credential | <input type="checkbox"/> health related barrier/disability |
| <input type="checkbox"/> lacks necessary education | <input type="checkbox"/> criminal history/restrictions | <input type="checkbox"/> other (Describe) _____ |
| <input type="checkbox"/> lacks necessary training | <input type="checkbox"/> lacks necessary work experience | <input type="checkbox"/> none |

2. Describe how barriers are to be addressed, including any reasonable accommodations that are needed:

C. Supportive Services

1. **Child Care Services:** Is client in need of district supported child care services? *(See Section II, questions 1-3)*

Yes If yes, then is district providing child care services?

Yes

No If client has been unable to secure needed child care in order to participate in required activities, has the client satisfactorily tried to arrange needed child care:

Yes, however client unable to secure appropriate childcare within a reasonable distance from home or work site

Yes, however informal child care unavailable or unsuitable

Yes, however appropriate, affordable formal child care unavailable

No, client has not tried to arrange needed child care

No Reason child care is not needed:

In receipt of child care not provided through district

Child care not required

2. Transportation Services: Indicate any transportation related support services that the district is providing. *(See Section II, questions 4-7)*

- | | |
|--|--|
| <input type="checkbox"/> public transportation pass/tokens | <input type="checkbox"/> car repairs or tires |
| <input type="checkbox"/> mileage reimbursement | <input type="checkbox"/> driving permit/license fees/renewal |
| <input type="checkbox"/> taxi fare | <input type="checkbox"/> driving lessons |
| <input type="checkbox"/> county provided transportation | <input type="checkbox"/> other (Describe) _____ |
| <input type="checkbox"/> car insurance | <input type="checkbox"/> none |

3. Other Supportive Services: Indicate any support services besides child care and transportation that the district is providing. *(See Section II, question 8)*

- | | |
|--|---|
| <input type="checkbox"/> work related clothing/shoes | <input type="checkbox"/> professional licensing fee |
| <input type="checkbox"/> license renewal | <input type="checkbox"/> tools |
| <input type="checkbox"/> fingerprinting fee | <input type="checkbox"/> other (Describe) _____ |
| <input type="checkbox"/> books | <input type="checkbox"/> none |

D. Outcomes

- Enrolled in/referred to applicable education/training activity
- Enrolled in/referred to applicable work activity
- Currently unable to participate in work activities, become exempt or in the process of employability determination review
- Preferences/goals cannot be accommodated; do not reflect local employment opportunities; describe
- Preferences/goals cannot be accommodated; are inconsistent with assessment results; describe
- Preferences/goals cannot be accommodated; will adversely impact the district's ability to meet participation rates;
- Other (Describe) _____

E. Client Activity Assignment(s)

Activity Assignment	Activity start date	Anticipated end date

F. Worker Notes

Client Signature: _____

Date: _____

Worker Signature: _____