

EMPLOYMENT ASSESSMENT & INDIVIDUAL EMPLOYMENT PLAN

Intake Date:

Agency: TRAC Associates

EJAS Provider ID: 6BR **Case Manager Name:**

Phone/email:

Client Name:

Phone:

Address:

Alien Number: A

Date of Birth:

Date of Arrival to U.S.:

Family size:

Children's ages:

Client e-JAS ID:

LEP Pathway **RSEN-Refugees with Special Employment Needs**

Temporary Assistance to Needy Families (TANF), months on TANF:

Refugee Cash Assistance (RCA)

Non-Public Assistance (PA)-Refugees less than 5 years in U.S.

OR

Basic Food Employment & Training

Basic Food Assistance/SNAP, Non-TANF, non-RCA, non U.S. citizen

Work Experience/Transferable Skills

Home country/U.S.:

Education and/or training:

Volunteer work skills:

Current Employment:

Education/Language Status

ESL level:

Date Assessed:

Referred for ESL to:

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This institution is an equal opportunity provider.

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ESL referral date:

ESL Contact Person:

Phone:

Email:

Assessed Employment Barriers

Client Employment Barriers	Services implemented to address barriers
<input type="checkbox"/> Limited or no transferable work skills	
<input type="checkbox"/> Limited English	
<input type="checkbox"/> Childcare issues	
<input type="checkbox"/> Mental Health Issues (needs referral)	
<input type="checkbox"/> Physical limitations/health issues (needs referral)	
<input type="checkbox"/> Lack of transportation	
<input type="checkbox"/> Unstable housing	
<input type="checkbox"/> Legal/criminal record that limits jobs available	
<input type="checkbox"/> Needs skill training for employability	
<input type="checkbox"/> No Social Security Number/Card	
<input type="checkbox"/> Other	

Employment Plan

Work Preparation/Job Search Goals

Activity	Start Date	End Date	Hours/week
<input type="checkbox"/> ESL classes at:			
<input type="checkbox"/> Customized ESL tutoring for work/daily survival			
<input type="checkbox"/> Social Adjustment Workshop or counseling			
<input type="checkbox"/> Cultural orientation/employment readiness workshop			
<input type="checkbox"/> Job club/similar services			
<input type="checkbox"/> Job search with help from job developer			
<input type="checkbox"/> Independent Job Search			
<input type="checkbox"/> Employment (part-time)			
<input type="checkbox"/> Work Experience (WEX) TANF only			
<input type="checkbox"/> Skills training at:			
<input type="checkbox"/> Other			

Employment Goals

Wage or Salary Expectations:

Mode of Transportation:

Immediate Job Goal(s):

Hours available for job search:

Hours available for Work/Work Experience:

Case Manager Signature

Date

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Client Signature

Date

Client's Preferred or Primary Language: _____

BFET Service and/or information provided in the following language: _____

Interpretation (verbal) and /or translation (written) was provided by:

Print name

Signed Name

Date

Above interpreter and/or translator is the following:

- TRAC Staff**

- TRAC Volunteer**

- Contracted Telephonic Interpreter (signature is not required but interpreter ID is needed)**

- Contracted Translator (signature is not required but interpreter ID is needed)**

- Other:** _____



The following are the requirements to participate in the Basic Food Employment & Training (BFET) program:

- Receive Basic Food Assistance from DSHS;
- Be able to work at least 20 hours per week;
- Cooperate with the requirements of this Individual Employment Plan; and
- Meet with your BFET case manager at least monthly
- Not receiving Temporary Assistance for Needy Families (TANF), Refugee Cash Assistance (RCA) or other cash assistance under Title IV such as Tribal TANF.

I, _____, have read the requirements and agree to abide by them.
(Print Name)

Yes No I understand this form and the contents have been explained to me in my primary language.

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Client Signature

Date

Client declined interpretation and/or translation service.

Client's initial/signature: _____

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