## **Choices Action Plan**

Office: (512)	Fax: (51	2)		E-mail:	<u>.</u>	
Customer's Name:		TWIST ID:				
This action plan will be reviewe	d and/or update	d: 🗆 Week	ly 🗆 Bi-we	eekly 🛛 Monthly		
Goals	Start Date	Planned End Date	Actual End Date	Comments	Completed? Staff Initials	
Additional Information						

## **Transportation Agreement:**

- Transportation assistance **may be** available to customers who are **actively participating** in a Workforce program. . Customers must submit documentation of activities in order to receive transportation assistance.
- The transportation rate, not to exceed \$\_\_\_\_\_ per week, may be provided when the customer's employment goals • are met, as outlined in the Participation Plan.

I understand that transportation assistance is not an entitlement, it is provided based on available funding, and is subject to change at any time.

Customer	Signature	

Date

Talent Development Specialist

Date

The Texas Workforce Commission in partnership with 28 local workforce development boards forms Texas Workforce Solutions. Workforce Solutions Rural Capital Area is an Equal Opportunity Employer/Program. Auxiliary Aids and Services are available upon request to individuals with disabilities. Relay TX: 711 or 1-800-735-2988 (Voice) or 1-800-735-2989 (TDD)

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\_\*\*\*\* **WORKFORCE SOLUTIONS** RURAL CAPITAL AREA

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If you have any questions, please contact: \_\_\_\_\_\_, Talent Development Specialist.

## **Office Use Only**

This section is to be used for employment or training activities only. Complete this section when the TDS determines the activities will continue as listed until the customer's next appointment.

Date Reviewed	TDS Initials	

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