

Family Employment Plan

Customer Name:

FEP Date:

- ◆ Has the customer received general information about services provided through the One-Stop Service Delivery Network that will assist them in obtaining employment or did the customer receive this information during the WOA/EPS? YES NO
- ◆ Is the customer registered and active in the TWC system? YES NO

NOTE: If NO to either question, do not proceed further until done so.

EMPLOYMENT GOAL

Immediate employment goal:	
Steps to reach that goal:	
Long-term employment goal:	
Steps to reach that goal:	

SKILLS AND ABILITIES (Assessment)

Please explain the customers skills and abilities which relate to employer's workforce needs in the local labor market (include all soft skills, educational skills, vocational training skills and work or volunteer experience):

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INTERESTS, HOBBIES AND ACHIEVEMENTS (Assessment)

Please explain the customers interests, hobbies and achievements which relate to employer's workforce needs in the local labor market:

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BARRIERS TO EMPLOYMENT AS IDENTIFIED BY CUSTOMER (Service Needs)

(Check all that Apply)

No High School Diploma/GED	<input type="checkbox"/>	Homeless/Runaway	<input type="checkbox"/>
No Certificate Degree	<input type="checkbox"/>	Older Worker (55+)	<input type="checkbox"/>
Needs Academic Skills Improvement	<input type="checkbox"/>	Offender/Ex-Offender	<input type="checkbox"/>
Lack of Employment Seeking Skills	<input type="checkbox"/>	History of Substance Abuse	<input type="checkbox"/>
Limited or Sporadic Work History	<input type="checkbox"/>	Lack of child/Family Care	<input type="checkbox"/>
Single Parent	<input type="checkbox"/>	Lack of Housing	<input type="checkbox"/>
Pregnant/Parenting Teen (18-21 yrs.)	<input type="checkbox"/>	Medical Condition	<input type="checkbox"/>
Displaced Homemaker	<input type="checkbox"/>	Lack of Current Driver's License	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	Lack of Automobile	<input type="checkbox"/>

What steps will be taken to overcome these barriers (please include timeframes):

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SUPPORTIVE SERVICES (Service Needs)

Are supportive services required or needed to assist the customer in meeting their employment needs? If yes, the Support Services Agreement must be completed.

Child Care: Yes No

Transportation Assistance: Yes No

Other (Explain):

OTHER AGENCIES CURRENTLY PROVIDING SERVICES

Agency Name:

Case Worker:

Agency Name:

Case Worker:

Was the customer referred to other agency if not currently working with one? Yes No

Agency Name:

Agency Name:

PARTICIPATION HOURS AND ACTIVITIES (Participation Agreement, Required Hours, & Activities)

What are the customer's or Family's Required Hours of Monthly Participation?

What Activity is the Customer participating in, or planning to? (Enter multiple if applicable).

Start Date of Activity:

End Date of Activity:

CURRENT STATUS

Number of TANF Time Limited Benefits Months remaining:

State

Federal:

DETERMINING SELF SUFFICIENCY WAGE (Goal of Self-Sufficiency)

Self Sufficiency level will be the amount indicated by the board policies which is _____ per hour.

POST EMPLOYMENT

Has the customer shown an interest in receiving post-employment skill enhancement and career advancement?

Describe the post-employment strategies discussed below:

Check the Customer's Preferred Method of Contact?

Home Phone Cell Phone Both

Will you accept a voicemail message and/or text message? Yes No

Email address Mailing address

Other (explain):

ASSESSMENT (for office use only)

Informal Assessment:

Academic Skill Level
T.A.B.E. (Test of Adult
Basic Education)

Date of Test: _____

What level was given? _____

Reading Score: _____

Math Score: _____

Language Scores: _____

Combined Score for Grade Level: _____

Other:

CUSTOMER AND STAFF COMMITMENT

As a customer of the Texas Workforce Center services, I understand and agree to the following:	As the Talent Development Specialist , I understand and agree to take responsibility for:
◆ To take responsibility for implementing the Family Employment Plan developed.	◆ Making resources available as outlined in the Family Employment Plan.
◆ To keep in contact with your designated Workforce Center staff.	
◆ To provide participation documentation, as requested.	◆ Providing guidance and encouragement to promote your successful employment
◆ To report employment information to Workforce Center staff.	

Signature will be captured in Family Employment Plan in Work in Texas. Customer understands that their plan and participation is not complete until they have signed in Work in Texas. Customer who fail to participate will be subject to Sanction.