

INDIVIDUALIZED EMPLOYMENT SERVICE PLAN						
<input type="checkbox"/> JOB SEARCH <input type="checkbox"/> JOB MATCHING/ PLACEMENT <input type="checkbox"/> JOB RETENTION <input type="checkbox"/> REFERRAL						
PARTICIPANT/CLIENT		DATE	Mm/dd/yy			
BIRTH DATE/ AGE		CASE MANAGER				
ADDRESS						
PHONE NUMBER		Income Source <input type="checkbox"/> EI <input type="checkbox"/> EI REACHBACK <input type="checkbox"/> EMPLOYED <input type="checkbox"/> OW <input type="checkbox"/> ODSP <input type="checkbox"/> WSIB <input type="checkbox"/> SEVERANCE <input type="checkbox"/> CROWN WARD <input type="checkbox"/> NONE <input type="checkbox"/> OTHER _____				
Employment Goal(s) and Current Status						
Goal(s) <ul style="list-style-type: none"> Status <ul style="list-style-type: none"> 						
Steps to achieve occupational goal(s) <i>Participant/Client initials to confirm agreement to participate as set out below</i>						
Intervention	Start Date mm/dd/yr	End Date mm/dd/yr	Part./Client Initial	Completed		Outcome
				Yes	No	
JOB FAIR		Mm/dd/yy	X			
INDEED APPLICATION		Mm/dd/yy	X			
ASSESSMENT		Mm/dd/yy	X			
		Mm/dd/yy	X			

Other Recommended Services					
Employment Barriers and Needs		Actions to Resolve Barriers			
Summary and Rationale for Services Recommended					
<input type="checkbox"/> As Participant/Client, I hereby acknowledged and agreed to participate in the above Service Plan.					
Participant/Client Signature	X	Date	mm	dd	yy
Prepared By	X	Date	mm	dd	yy