ATTACHMENT A

COUNTY OF FRESNO Participant: ASSESSMENT Case Number: WELFARE TO WORK PLAN SSN: Date: 04/30/10

EMPLOYMENT GOAL: Office Assistant

	Objective	Action Required	By	Start	Finish
1.	BARRIERS & ISSUES (Concurrent with all	Refer Client to the appropriate staff and/or agency for services as needed and upon availability. Monitor, evaluate, counsel, and provide appropriate services as needed.	Cs Mgr.		
	WTW Activities)	Follow through on issues and recommendations discussed in the Barriers and Issues section of WTW Plan.	Client		
2.	VOCATIONAL MANAGEMENT SERVICE (VMS)	Provide Client with the opportunity to be referred to VMS at 2665 N. Air Fresno, Suite 110, Fresno, CA-Cognitive Skills training.	Cs. Mgr.		
		Monitor Client's attendance and progress.	Cs. Mgr.		
		Provide any and all medical records as requested.	Client		
		Make satisfactory attendance and progress in the Situational Assessment to increase employment skills.	Client		
		Attend all scheduled VMS appointments and other VMS referrals as recommended.	Client		
		Notify Employment Case Manager and VMS Case Manager of any missed appointments or changes.	Client		
3.	JOB SERVICES	Conduct Job Services/Job Search with participant to obtain full- time employment.	Cs. Mgr.		
		Meet with Client on a regular basis to provide new job leads, coordinate with the Employment Resource for job services, and review participant's job contacts/log.	Cs. Mgr.		
		Make required number of employer contacts per week, submit applications, make follow-up visits, and continue to utilize the Employment Resource Center for job services.	Client		
		Keep track of all employer contacts and meet with the Employment Services Case Manager on a regular basis to review the Job Search Report form.	Client		
		Follow through on all job referrals and accept all offers of employment. When hired, practice good work ethics, which will result in job retention.	Client		
(C	EDUCATION concurrent with other	Provide Client the opportunity to enroll in the General Education Diploma Program at Kings Canyon Adult School or through any other appropriate site.	Cs Mgr		
	TW activities)	Monitor, evaluate, counsel, & provide appropriate services as needed.	Cs Mgr		
		Register for and successfully complete the GED Program.	Client		
		Make satisfactory attendance and progress by attending class daily, arriving on time, and not leaving early. Participate fully and study diligently to complete the GED Program as quickly as possible.	Client		

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	Call the Employment Services Case Manager any and every day class is missed to provide the reason for the absence. Provide written verification as required.	Client	
5. VOCATIONAL/JOB SKILLS TRAINING	Provide Client the opportunity for vocational training/job skill training in Office Assistant at Reedley College, pending further evaluation by the Employment Services Case Manager.	Cs. Mgr.	
(May be concurrent with other WTW activities as	Monitor, evaluate, and counsel as needed. Provide career development guidance and supportive services necessary to ensure Client's success.	Cs. Mgr.	
needed and appropriate)	Attend orientation, register for and successfully complete the above vocational/job skills training program. Make satisfactory attendance and progress. Contact the Employment Services Case Manager any and every day class is missed and provide verification for absences as required.	Client	
	The requirements for vocational education and training were discussed with Patricia. Client understands that participation in vocational education and training as a core WTW activity is limited to a cumulative total of 12 months during and individual's time on aid.	Client	
6. UNPAID WORK EXPERIENCE /COMMUNITY SERVICE	If full-time employment is not obtained and/or concurrent with other WTW activities as needed, Client is to be placed in an Unpaid Work Experience position as an office assistant or any other entry level position as needed and upon availability as determined by Employment Services Work Experience Staff.	Cs. Mgr.	
	Monitor, evaluate, and counsel as needed. Provide career development guidance, job leads, and supportive services necessary to ensure Client's success.	Cs. Mgr.	
	Make satisfactory progress and attendance at the Unpaid Work Experience site. Provide monthly time sheets and progress reports to your employment services case manager.	Client	
	Practice good work ethics at the Unpaid Work Experience site and accept all job offers.	Client	
7. ON THE JOB TRAINING	Provide Client the opportunity for placement in a three month paid On The Job Training in an appropriate employment field or any other entry level position upon availability as determined by Employment Services Job Developer Staff.	Cs. Mgr.	
	Monitor, evaluate, and counsel as needed. Provide career development guidance, job leads, and supportive services necessary to ensure Client's success.	Cs. Mgr.	
	Complete pre-screening and assessment process, including meeting with the employer for placement. Conduct and practice professionalism at all times.	Client	
	Make satisfactory progress and attendance at the On The Job Training site. Provide monthly time sheets and progress reports to your employment services case manager.	Client	

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	Practice good work ethics at the On The Job Training site and accept all job offers.	Client	
8. SUBSIDIZED/ UNSUBSIDIZED EMPLOYMENT	Monitor employment and provide appropriate services. Report employment and all earnings to the Eligibility Worker via quarterly report (QR-7) and any change immediately to the Employment Services Case Manager.	Cs Mgr. Client	
	Practice good work ethics to retain employment unless a job opportunity offers.	Client	
9. JOB RETENTION SERVICES	Accept unsubsidized employment when it is offered. Concurrent with unsubsidized employment, refer Client to Job Retention Services for employment readiness skills.	Client Cs Mgr.	
	Monitor, evaluate, counsel, and provide appropriate services as needed.	Cs Mgr	
(Concurrent with employment)	Follow through on referral made by the Employment Services Case Manager. Attend all scheduled appointments to increase work hours if employed part-time. Receive assistance in job retention, professional growth, development of life skills and competencies, counseling, job referrals, and supportive services referrals.	Client	
10. CHILDCARE	Arrange reliable and affordable primary and backup childcare providers; report changes in providers immediately to Case Manager.	Client	Ongoing
	Complete the documents and process required for supportive services for childcare.	Client	As needed & eligible
	Submit the required claims monthly or as needed for approved services.	Client	As needed & eligible
	Make appropriate payments for services for participation.	Business Office	As needed & eligible
11. TRANSPORTATION	Arrange reliable primary and backup transportation; report changes immediately to Employment Services Case Manager.	Client	Ongoing
	Authorize the appropriate transportation allowance for participation.	Cs Mgr	As needed & eligible
12. ANCILLARY EXPENSES	Determine special needs for education, vocational training, Job Services/Job Search, Unpaid Work Experience, or employment.	Cs Mgr	As needed & eligible
	Make appropriate referrals to community service agencies or authorize allowable funding on basis of actual need.	Cs Mgr	As needed & eligible
	Provide receipts within 10 working days for allowed funding and return money not used for the specified purpose.	Client	As allowed

WTW PLAN Copy of Action Plan to

COUNTY OF FRESNO ASSESSMENT WELFARE TO WORK PLAN

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Assessor's Signature

I agree with this Welfare To Work Plan and will fulfill my responsibilities to make this Plan result in my full time employment and self-reliance. I understand that self-reliant means that I am not dependent upon public assistance for my family or myself. I understand that this WTW Plan requires that I participate _____ hours each week. I also understand that participation in vocational education and training as a core WTW activity is limited to a cumulative total of 12 months during my time on aid.

I understand that I only have three working days after I sign the Welfare To Work Plan or modification to request any changes to the terms of the plan.

Participant's Signature

I will fulfill my responsibilities under this Welfare To Work Plan as the Case Manager to provide the WTW Program services required to assist **CLIENT** to become employed full time and self-reliant.

Case Manager's Signature

I have reviewed this WTW Plan and agree it is appropriate.

Supervisor's Signature

Date

Date

Date

Date

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