



THE SNAP EMPLOYMENT AND TRAINING INDIVIDUAL EMPLOYMENT PLAN

Client Name: _____

Case ID: _____

Provider: _____

FCRC: _____

Date: _____

IDHS Staff: _____

Employment Plan

Education/Training	Vocational Education	Basic Education (including ESL)
Educational Institution		
Dates of Training	From:	To:
Academic Goal		
Degree/Certification:		
Job Readiness Training		
Job Search Training (i.e. resume writing, interview skills, master application, workplace etiquette)	From:	To:
Work Experience (i.e. internship, OJT)		
Site:	From:	To:
Supervised Job Search		
<input type="checkbox"/> Job Search with Assistance	From:	To:
Job Retention		
Other:		
Community Workfare		
Site:	From:	To:

Declaration and Signature

The following are the requirements to participate in the SNAP Employment and Training program:

- Receive SNAP from IDHS
- Be able to work at least 20 hours per week
- Cooperate with the requirements of the Individual Employment Plan and
- Contact with your SNAP E & T case manager (provider or IDHS staff at least monthly)

I, _____, have read the requirements and agree to abide by them.

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

Client Signature

Date

IDHS Staff/Provider Signature

Date

Interpreter Signature (required if client cannot understand this form in English)

Date