

# FSET Employment Plan for:

Employability Plan <b>Begin Date</b>		<b>End Date</b>	
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## Basic Information

Name			
PIN		<b>Case</b>	
Case Manager			

## Goals and Action Steps

Goals	Action Steps	Expected Begin Date	Expected End date

## Assigned Activities

<b>1.</b>				<b>Provider Name</b>	
<b>Weekly Hours</b>		<b>Begin Date</b>		<b>End Date</b>	
<b>Associated Goal</b>				<b>Co-enrolled Program</b>	
<b>Comments</b>					

<b>2.</b>				<b>Provider Name</b>	
<b>Weekly Hours</b>		<b>Begin Date</b>		<b>End Date</b>	
<b>Associated Goal</b>				<b>Co-enrolled Program</b>	
<b>Comments</b>					

FSET Employment Plan

<b>3.</b>				Provider Name	
Weekly Hours		Begin Date		End Date	
Associated Goal				Co-enrolled Program	
Comments					

<b>4.</b>				Provider Name	
Weekly Hours		Begin Date		End Date	
Associated Goal				Co-enrolled Program	
Comments					

<b>5.</b>				Provider Name	
Weekly Hours		Begin Date		End Date	
Associated Goal				Co-enrolled Program	
Comments					

### Signature

I understand that by signing below, I am agreeing to the goals, action steps and assigned activities on this plan. I will contact my FSET Case Manager, listed on this Employability Plan (or listed on the attached letter) within 10 days of the receipt of this plan if I have any questions or concerns about this plan.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FSET Case Manager Signature

\_\_\_\_\_  
Date

**Information if this was mailed to you**

**Return Instructions:** Please review your Employment Plan and return a signed copy of your plan to the address below within 10 days of getting this letter. Keep a copy of this letter for your records. If we do not receive a copy within 10 days, this may result in a delay of supportive services.”

111 W Jackson St, 2nd Fl Wisconsin Rapids WI 54495