

FSET Employment Plan for ANNA MEMBER

Generated on <Date> at <Time>

Basic Information

Name	ANNA MEMBER
PIN	0987654321
Case	1234567890
Household Address	123 MAIN ST ANYTOWN, WI, 55555-1234
Mailing Address	
Phone	(123) 456-7890
Message Phone	(234) 567-8901
Cell Phone	(345) 678-9012
FSET Only Contact Number	(456) 789-0123
Email Address	ANNAMEMBER@ABC.COM
FSET Only Email Address	AMEMBER@XYZ.COM
Enrollment Date	DATE
FSET Case Manager	AAAA01 - A CASE MANAGER
FSET Case Manager Phone	(789) 012-3456
Employment Plan Begin Date	DATE
Employment Plan End Date	DATE

Goals and Action Steps

Type	Goal	Action Step	Expected Begin Date	Expected End Date
Primary Employment	ANNA'S GOAL	UPDATE RESUME	DATE	DATE
		POST RESUME IN JOB SITES	DATE	DATE

Assigned Activities

Job Skills Training - XXX	
Provider Name	A PROVIDER
Associated Goals	Secondary Employment
Begin Date	DATE
Estimated End Date	DATE
Estimated Weekly Hours	15.0

Work Program Co-Enrollment	Yes
Comments	Assign Activities

Signature

I understand that by signing below I am agreeing to the goals, action steps, and assigned activities listed in this plan. I will contact my FSET Case Manager, 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

Return Instructions: Please review your Employment Plan and return a signed copy of your plan to the address below within 10 days of getting of this letter. Keep a copy of this letter for your records. If we do not receive your signed copy within 10 days, you may not get repaid on time for the costs of your FSET activities.

FSET OFFICE
P.O. BOX 123
ANYTOWN WI 55555

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