

Welfare to Work (WtW) Program

Name of Participant SS# Address Home# Work#

Goal 1

Goal 2

Final Goal: To become free of all governmental assistance

Services/Activities Responsible Party Start date Completion Date

Table with 4 columns: Services/Activities, Responsible Party, Start date, Completion Date. Multiple empty rows for data entry.

Comments:

Blank lines for entering comments.

I AGREE TO MONTHLY REPORTING TO THE WtW PROGRAM CASE MANAGER AND ATTENDING ANY AND ALL BENEFICIAL WORKSHOPS, CLASSES, SEMINARS AND JOB FAIRS REQUESTED BY THE WtW CASE MANAGER (INCLUDING CAREER ASSESSMENT, EMPLOYABILITY SKILLS AND JOB READINESS SKILLS WORKSHOPS). IF UNEMPLOYED, I AGREE TO ENROLL WITH AT LEAST TWO DIFFERENT TEMPORARY EMPLOYMENT AGENCIES OR SCHOOL (PUBLIC, COLLEGE, VOCATIONAL OR TECHNICAL).

I FULLY UNDERSTAND THAT IF I SHOULD FAIL TO COMPLY WITH THE PROVISIONS IN THIS PLAN, I MAY BE TERMINATED FROM THE WtW PROGRAM.

Participant Signature Date WtW Case Manager Date