**Wisconsin Works (W-2) Employability Plan**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

|  |  |  |
| --- | --- | --- |
| Participant Name | Work Program PIN | Worker Name |
| W-2 Agency Mailing Address | | Worker Email Address |

The W-2 Employability Plan lists your employment and personal goals, and the plan of action and supportive services needed to reach these goals through participation in the W-2 program. This employability plan begins on       (mm/dd/yyyy) and ends on      .

Your W-2 Placement as of the employability plan begin date is      . If the placement changes after this date, you will receive a Placement Notice, and you are still responsible for the activities outlined in this plan unless you and your worker change them.

W-2 services or payments may end if you do not complete a new employability plan before the current plan ends.

GOALS

|  |  |  |
| --- | --- | --- |
| Goal Type 1 | Goal Name | Begin Date |
| Goal Description | | |
| Goal Steps | | |

|  |  |  |
| --- | --- | --- |
| Goal Type 2 | Goal Name | Begin Date |
| Goal Description | | |
| Goal Steps | | |

|  |  |  |
| --- | --- | --- |
| Goal Type 3 | Goal Name | Begin Date |
| Goal Description | | |
| Goal Steps | | |

EMPLOYMENT

|  |  |  |
| --- | --- | --- |
| Job Type 1 | Position | Employer |
| Location (Street Address) | Begin Date | Avg Weekly Hours |

|  |  |  |
| --- | --- | --- |
| Job Type 2 | Position | Employer |
| Location (Street Address) | Begin Date | Avg Weekly Hours |

ASSIGNED ACTIVITIES

Your employability plan lists the assigned activities you must participate in to be eligible for W-2. This is the plan of action to help you meet your goals. At any time, you may request a meeting with your worker to review your goals and activities. In addition, your worker will meet with you regularly to review your progress and make changes to your plan if needed. If you and your worker make changes to your goals or assigned activities, you will receive a new employability plan.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity 1 | Activity Description | | | |
| Location (Business Name/Street Address) | | | | Phone |
| Planned Start and End Dates (Schedule 1)        to | | Frequency/Days | Hours Per Day | Begin and End Times        to |
| Planned Start and End Dates (Schedule 2)        to | | Frequency/Days | Hours Per Day | Begin and End Times        to |
| Contact Information | | | | |
| Additional Information | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity 2 | Activity Description | | | |
| Location (Business Name/Street Address) | | | | Phone |
| Planned Start and End Dates (Schedule 1)        to | | Frequency/Days | Hours Per Day | Begin and End Times        to |
| Planned Start and End Dates (Schedule 2)        to | | Frequency/Days | Hours Per Day | Begin and End Times        to |
| Contact Information | | | | |
| Additional Information | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity 3 | Activity Description | | | |
| Location (Business Name/Street Address) | | | | Phone |
| Planned Start and End Dates (Schedule 1)        to | | Frequency/Days | Hours Per Day | Begin and End Times        to |
| Planned Start and End Dates (Schedule 2)        to | | Frequency/Days | Hours Per Day | Begin and End Times        to |
| Contact Information | | | | |
| Additional Information | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity 4 | Activity Description | | | |
| Location (Business Name/Street Address) | | | | Phone |
| Planned Start and End Dates (Schedule 1)        to | | Frequency/Days | Hours Per Day | Begin and End Times        to |
| Planned Start and End Dates (Schedule 2)        to | | Frequency/Days | Hours Per Day | Begin and End Times        to |
| Contact Information | | | | |
| Additional Information | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity 5 | Activity Description | | | |
| Location (Business Name/Street Address) | | | | Phone |
| Planned Start and End Dates (Schedule 1)        to | | Frequency/Days | Hours Per Day | Begin and End Times        to |
| Planned Start and End Dates (Schedule 2)        to | | Frequency/Days | Hours Per Day | Begin and End Times        to |
| Contact Information | | | | |
| Additional Information | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity 6 | Activity Description | | | |
| Location (Business Name/Street Address) | | | | Phone |
| Planned Start and End Dates (Schedule 1)        to | | Frequency/Days | Hours Per Day | Begin and End Times        to |
| Planned Start and End Dates (Schedule 2)        to | | Frequency/Days | Hours Per Day | Begin and End Times        to |
| Contact Information | | | | |
| Additional Information | | | | |

SUPPORTIVE SERVICES

|  |  |
| --- | --- |
| Service | Details |
| Service | Details |
| Service | Details |

|  |
| --- |
| **COMMENTS:** |

EMPLOYABILITY PLAN – WISCONSIN WORKS (W-2) SIGNATURE PAGE

I agree that I will participate in the assigned activities listed in this employability plan to be eligible for W-2 services and, if appropriate, payments. I understand that I must contact my worker if I cannot go to my assigned activities.

I know that if I do not participate in these activities and I do not have good cause for missing them, the following may occur:

* W-2 payments may be reduced for CSJ and W-2 T placements (see your Placement Notice for more information on payment reductions); or
* W-2 eligibility may be denied or ended.

|  |  |
| --- | --- |
| SIGNATURE – Applicant/Participant (or Telephonic Signature Interaction ID) | Date Signed |