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| **DEPARTMENT OF CHILDREN AND FAMILIES**Division of Family and Economic Security | **WSSP** |

**Supportive Service Plan**

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

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| Name – Participant      | Date Form Completed      |
| Name – W-2 Worker      | Name – Agency      |
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| This is my Supportive Service Plan that W-2 worker,      , and I have made. This plan gives information about resources and services that my family and I may need now or sometime in the future. I know that this plan is based on information that I have shared with my worker.I know I can contact the W-2 agency at any time:* To update my Supportive Service Plan;
* To find other needed resources; or
* To reapply for W-2 (and be reviewed for an extension if I have reached my 48-month time limit).

I know the W-2 agency also can help me apply for or refer me for:* **FoodShare Wisconsin:** FoodShare has different rules from W-2 and does not have a time limit.
* **Medicaid / BadgerCare Plus:** These programs have different rules from W-2 and do not have a time limit.
* **Heating Assistance** (also known as Wisconsin Home Energy Assistance Program).
* **Wisconsin Shares Child Care Subsidy Program:** This program is for eligible families that are in work, work-related or school / training activities. Wisconsin Shares does not have a time limit.
* **Emergency Assistance:** If you are homeless; or you have a notice telling you that you will be evicted for not paying rent; or if you have a housing emergency due to fire, flood, natural disaster or energy crisis, you may be eligible to receive some help with this need.
* **Other employment programs in my community:** You can find programs such as Vocational Rehabilitation, Adult and Youth Apprenticeships and other services available to workers and those looking for work at a Wisconsin Job Center. If you are interested, ask a W-2 worker about these programs.
* **Other helpful resources in my community:** (for example, food pantries, homeless shelters, medical services, domestic abuse service providers, etc.).
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| **The following areas were identified as needs for my Supportive Service Plan:** |
| [ ]  | Emergency needs (i.e., food pantry, clothing, etc.) | [ ]  | Housing |
| [ ]  | Household budgeting / money management | [ ]  | Access to economic supports |
| [ ]  | Education and training | [ ]  | Legal assistance |
| [ ]  | Employment support | [ ]  | Child care |
| [ ]  | Transportation | [ ]  | Personal and family health care |
| [ ]  | Other need: |       | [ ]  | Other need: |       |
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| **IDENTIFIED NEED:** |       |
| **Community Resources** |
| Name of Resource | Address(Street, City, State, Zip Code) | Contact Information |
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| Long-Term Plan of Action:      |
| **SIGNATURES** |
| Participant Signature or Telephonic Signature Interaction ID      |
| W-2 Agency Representative Signature      |
| W-2 Agency Contact Information:      |