

More Than A Job NC provides Food and Nutrition Services (FNS) and connects customers to opportunities to improve skills that can assist with finding a career and financial independence. The Individual Employment Plan outlines steps to be taken to become self-sufficient. This plan will be reviewed and updated as needed.

PERSONAL INFORMATION

Participant's Name:	
Cert Period:	
ABAWD:	<input type="checkbox"/> Yes <input type="checkbox"/> No
ABAWD Months:	
CNDS ID:	

EMPLOYMENT PLAN

Employment Goal:	
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Components/Activities

- | | | |
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| <input type="checkbox"/> Orientation/Pre-enrollment | <input type="checkbox"/> Assessment | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Supportive Services | <input type="checkbox"/> Job Search Training | <input type="checkbox"/> On-the-Job Training |
| <input type="checkbox"/> Basic Education or Basic Skills Programs | <input type="checkbox"/> Education Programs | <input type="checkbox"/> Vocational Training |
| <input type="checkbox"/> Certificate Programs | <input type="checkbox"/> Testing | <input type="checkbox"/> Self-Employment Training |
| <input type="checkbox"/> Pre-Apprenticeship | <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> Job Retention |
| <input type="checkbox"/> Supervised Job Search | <input type="checkbox"/> Work Experience (Work Activity) | <input type="checkbox"/> Work Experience (Work-based learning) |
| <input type="checkbox"/> Educational Program, Integrated Education and Training or Bridge Programs | | |

Details (Partner Agency, Activity, Dates, Time, Location, Contact Information)

Job Quit Agreement: Do not voluntarily and without good cause quit a job of 30 or more hours a week or reduce work effort to less than 30 hours a week. This could lead to disqualification of benefits. Before you quit, please reach out to me to discuss your situation.

PARTICIPANT RESPONSIBILITIES

Complete the components and/or activities checked above. I am aware the More Than A Job NC Program requires monthly participation. I will contact my workers monthly and update them on my progress and/or any barriers that I am experiencing. In addition, I will contact my worker if I need to change my activity. Failure to communicate with my worker every thirty days, will result in my SNAP FNS E&T case closing.

AGENCY RESPONSIBILITIES

Provide services for active participants meeting the terms of this agreement and making steps toward employment. It is required for us to have monthly contact to discuss progress and any challenges that may affect successful completion of your goals to employment. If monthly contact is not achieved, the worker has the option to close the case.

Signatures indicate that we have jointly developed an Individual Employment Plan and agree to the conditions. All the requirements have been explained.

Participant's Signature	Phone Number:	Date
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Worker's Signature	Phone Number:	Date
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