



Connecticut Green Jobs Partnership

Individual Service Plan for Service Provision

This form may be completed by the Green Jobs Coordinator, training provider program administrator, or his/her designee. All forms must include the signature of the participant and the Green Jobs Coordinator or training provider program administrator. A copy is to be included in the participant's file.

Name:

Participant's Long Term Goal(s):

Participant's Short-Term Goal(s):

Assessment Results: (Please include results of all assessments administered by the training provider and/or CT Works)

Please describe what will be done to assist the participant in achieving the goals specified in this plan:

Training Provider Name: _____

Training Program Name: _____

Training Program Duration (Assuming full-time enrollment): _____

Barriers:

1. Identification of Barriers to Employment /Individual Service Plan Factors:

- | | |
|--|---|
| ☐ Child Care Availability | ☐ Physical Health Issues |
| ☐ Child Care Expenses | ☐ Behavioral Health |
| ☐ Physical Disability | ☐ Housing |
| ☐ Legal Issues | ☐ Substance Abuse |
| ☐ Criminal History | ☐ Transportation Expenses |
| ☐ Limited Work History | ☐ Lack of High School Diploma or GED |
| ☐ Math/Reading Skills | ☐ Housing |
| ☐ Language Barrier | ☐ Transportation Availability |
| ☐ Personal/Family | ☐ Credentials/Licensing |
| ☐ Domestic Violence | ☐ Lacks Marketable Skills |
| ☐ Learning Disability | ☐ Public Assistance Recipient |
| ☐ Youth (14-24) | ☐ Single Parent |
| ☐ Displaced Homemaker | ☐ Teenage Parent |
| ☐ Other (please describe) _____ | |

2. Is the individual currently receiving support services to address the barriers listed above? If yes, who is providing these services? If no, what referrals for service will be offered to the individual? Please attach additional sheets, as needed.

Name of Agency/provider:

Barriers Addressed: (see above)

Name of Agency/provider:

Barriers Addressed: (see above)

Examples of Agencies/providers: WIA, JFES, Veterans Services, Disability Services, BRS, Youth, other community agencies

3. Please describe participant responsibilities associated with overcoming these barriers, how the participant will be assisted, and how the participant's conformity with these responsibilities will be verified. Please attach additional sheets, as needed.

Examples of activities: Request monthly bus pass; complete Care4Kids application for child care assistance; register with Adult Ed for math/reading remediation or GED; register for KeyTrain Class; enroll in e-learning class. Note: Coordinators may suggest activities and offer guidance, however, participants must complete activities. Coordinator will monitor the individual's files and review progress reports from the training provider on a bi-weekly/monthly basis

Plan Development:

1. Please describe how this service plan was developed and the participant's involvement in the process:
2. Please provide a brief description of the eligibility determination process and the basis for acceptance into the desired training program:

Examples: Review of the individual's education and experience; determination of employment goals; analysis of assessment results; determination of likelihood of completion of training and obtaining employment.

3. Please list the intervention methods to be employed if the participant is not in compliance with this Individual Service Plan:

Examples: Coordinator will consult with training provider and other support services staff to identify challenges, and address compliance. Coordinator will meet with participant to identify impediments to success and jointly modify this plan, to include additional support.

I acknowledge that I participated in the development of this Individual Service Plan and will be actively engaged in the services and specified activities. The Plan accurately reflects my short- and long-term career goals and I understand the process that will be implemented to help me achieve these goals.

Participant Signature and Date:

My signature indicates that this form has been reviewed for accuracy and completeness and that the individual for whom this service plan was developed actively participated in its design.

Signature of Green Jobs Coordinator or Training Administrator, Date

Signature of Programmatic Staff, Date

This Program (or activity) is funded in whole or in part by the US Department of Labor Employment and Training Administration American Recovery and Reinvestment Act. The Connecticut Green Jobs Partnership is an equal opportunity employer/program and auxiliary aids and services are available upon request to individuals with disabilities.

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