

## Dislocated Worker Employment Plan

<b>Full Legal Name</b>	Xxxxxx Xxxxxx	<b>Record ID</b>	0000123
<b>Start Date</b>	03/07/2025	<b>Review Date</b>	03/06/2026

ACTIVITY	Assessment
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### Client's Action Steps

- Self-Employment / Business Goal: Rental Property and Housing Rehab Business **Date Achieved**
- Previous credential earned: Bachelor's Degree in Finance School name: Institution Year(s) attended: 2009 - 2012. **Date Achieved**
- Previous job title: Service Dispatcher Employer name: Employer Ending wage: \$26/hr Years employed: 2024 to 2024 **Date Achieved**
- Interest Assessment (RIASEC): **Date Achieved**  
  
R - 4, I - 6, E - 6
- How Ready am I to Start a Business Self-Assessment: **Date Achieved**  
  
Self Image: 8/8  
Commitment Level: 7/8  
Skills and Experience: 8/9

ACTIVITY	Barriers
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### Client's Action Steps

- Client has identified the following barriers that could hinder or impact their listed goal in the assessment section of this IEP: income and startup capital. **Date Achieved**

ACTIVITY	Other
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### Client's Action Steps

- Connect with the small business administration for counseling and guidance: **Date Achieved**  
  
<https://northlandsbdc.org/>
- Write business plan and provide a copy to your counselor **Date Achieved**
- Maintain monthly contact with counselor **Date Achieved**
- Complete required training activities before Job Counselor can notify Unemployment of CLIMB enrollment: **Date Achieved**
  - View the "How to Write a Business Plan" training videos through sba.gov and provide proof of completion
  - View either "Simple Steps to Start Your Business Series" Modules 1 -5 through score.org
  - OR
  - View "How to Start a Business" Parts 1-4 through northlandsbdc.org
- Maintain CLIMB Checklist and maintain progress with CLIMB program while pursuing and developing business / self-employment **Date Achieved**

ACTIVITY	I understand that or agree to -
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## Client's Action Steps

- Demand for services and budget changes may affect funding availability. **Date Achieved**
- I will maintain Monthly contact with my job counselor/case manager, either through telephone or e-mail. **Date Achieved**
- My employment plan will be revised when my job counselor/case manager and I agree to the change. **Date Achieved**
- Notify job counselor/case manager of changes in address, phone, or situation. **Date Achieved**
- Respond promptly to e-mails, calls, or letters from my job counselor/case manager. **Date Achieved**
- Stay actively enrolled in program. **Date Achieved**
- To cooperate with post-placement follow-up. **Date Achieved**
- Work toward successfully completing my goals. **Date Achieved**
- I agree to complete the following as requested by my job counselor: **Date Achieved**
  - Individual Progress Report
  - How Ready am I to Start a New Business?
  - Check List
  - Copy of my business plan
- I understand that I am enrolled in the Dislocated Worker program until the goals of my employment plan have been met. I understand I am still enrolled even after unemployment ends, and will maintain monthly contact. **Date Achieved**
- I will provide documentation to support my business operation for a year after my file is closed. **Date Achieved**

Documentation can include

  - IRS Form 1040-ES
  - 1099 Tax form (for proof of contracted wages)
  - A list of individuals with whom the participant does business (names, addresses, phone numbers)
  - A list of companies or individuals from whom they purchase supplies or services (names, addresses, phone numbers)
  - Advertising materials the participant used to market their products or services
- Failure to comply with the above plan may be grounds for termination of services. **Date Achieved**

**Job Counselor/  
Case Manager**

Counselor  
Contact information

**Service Location**

Location

**Name:**

**Signature:**

**Date:**

**Date:**