

Dislocated Worker Employment Plan

Full Legal Name Xxxxx Xxxxxx

Record ID

Start Date 03/07/2025

Review Date 03/06/2026

ACTIVITY Assessment

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

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

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 -

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 [Signature]	Service Location	Location
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Name:

Signature: _____

Date: 3/27/25

Date: _____