

Voluntary Employment Services Self-Sufficiency Agreement

Name: _____

Date: _____

Case Number: _____

Steps _____ will take to reach the goal:

<i>Begin Date</i>	<i>Specific & Measurable Action</i>	<i>Hours Per Week</i>	<i>Due Date</i>
	I am responsible for attending all appointments scheduled with my Career Navigator and with the providers I have been referred to.	N/A	For as long as I am participating with Employment Services.
	I am responsible for notifying my Career Navigator if any changes occur in my situation that may require an adjustment to this plan including but not limited to a change in employment.	N/A	

How DCF will support My Plan:

<i>Specific & Measurable Action</i>	<i>Due Date</i>

I have been part of the decision making and understand that the above agreement requires my participation and cooperation. I have received a copy of this agreement and understand my rights and responsibilities as well as those of DCF.

I understand if I choose not to follow through with this plan then I have made the choice to close my Employment Services case.

Client Signature: _____

Client Phone Number: _____

Client Email: _____

Career Navigator Signature: _____

Career Navigator Phone Number: _____

Career Navigator Email: _____

Next Appointment Date:

Date: _____

Time: _____

Appointment Reminder By:

Email.....

Phone Call.....

Text.....

