

Family Self-Sufficiency Program

Attachment _____

Individual Training and Services Plan

Name of Participant

Jane Doe

Social Security Number

555-55-0505

Final Goal

Career in manufacturing management, full time with benefits, with my family safe, healthy, and productive

Interim Goal Number 3

Low cost, high quality, child care for my children ages 3 and 8

Date Accomplished _____

Activities/Services	Responsible Parties	Date/s
Contact Child Care Resource Center to get child care options	Jane and case manager	1-1-16
Discuss options with County Health and Human Services to get their approval for cost reimbursement	Jane and case manager	1-10-16
Choose several options	Jane and Child Care Resource Center	1-25-16
Seek appropriate child care by visiting each option	Jane	2-10-16
Choose child care and register for service	Jane	3-1-16
Arrange back up child care with Grandma in case kids are sick	Jane	3-1-16
Join Self Sufficiency Child Care Exchange for free child care in free time	Jane and case manager	3-15-16

Comments

Signatures:

Family

Housing Agency

(Participant)

(Signature of HA Representative)

(Date Signed)

(Date Signed)