

**FAMILY SELF SUFFICIENCY PROGRAM
INDIVIDUAL TRAINING AND SERVICES PLAN**

Attachment _____

NAME OF PARTICIPANT:

SOCIAL SECURITY NUMBER: XXX-XX-

INTERIM GOAL:

The participant shall complete the HiSET Program (aka GED).

DATE ACCOMPLISHED _____.

ACTIVITIES/SERVICES	RESPONSIBLE PARTIES	DATE/S
Contact HiSET coordinator to find out Requirements to enroll	Participant	within 9 months
Successfully complete HiSET requirements.	Participant	within 24 months
Cooperate with recommendations made by the Educational Advisor or FSS Coordinator.	Participant	ongoing
Refer to an Educational Advisor who will assist in monitoring progress and assist in intervention.	FSS Coordinator	as needed
Refer to tutoring, when appropriate.	FSS Coordinator	as needed

COMMENTS:

This goal is to ensure that the participant is prepared for a career that will lead to gainful employment at a level that will enable the household to become self sufficient and fulfill the final goal of this contract. Case management services will be provided, as needed and identified by the initial needs assessment and each subsequent annual review.

SIGNATURES:

FAMILY

HOUSING AGENCY

(Participant)

(Signature of HA Representative)

(Date signed)

(Date signed)