**Individual Employment Plan (IEP)**

**Participant Name:** [Type here] **Case Manager:** Type here

## Employment Goal:

**Strengths:**

**Training/Skills Needs:**

**Other Barriers to Employment:**

Areas to be addressed: (either in-house or through referral)

Access to Benefits

Childcare

Documentation assistance

Education (e.g., GED)

Financial literacy

Healthcare (physical or mental)

Housing

Individual counseling

Legal services

Life skills

Pre-employment services

Substance use treatment

Transportation

Vocational skills/training

### Goal 1:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Action Steps** | **Task Lead** | **Target Date for Completion** | **Status/Support Needed** | **Date Completed** |
|  |  | date |  | date |
|  |  | date |  | date |
|  |  | date |  | date |
|  |  | date |  | date |

### Goal 2:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Action Steps** | **Task Lead** | **Target Date for Completion** | **Status/Support Needed** | **Date Completed** |
|  |  | date |  | date |
|  |  | date |  | date |
|  |  | date |  | date |

**Goal 3:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Action Steps** | **Task Lead** | **Target Date for Completion** | **Status/Support Needed** | **Date Completed** |
|  |  | date |  | date |
|  |  | date |  | date |
|  |  | date |  | date |

**Goal 4:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Action Steps** | **Responsible Party** | **Target Date for Completion** | **Status/Support Needed** | **Date Completed** |
|  |  | date |  | date |
|  |  | date |  | date |
|  |  | date |  | date |

This employment plan was developed collaboratively by the veteran participant and case manager. I have reviewed and understand the plan and agree to work towards these goals.

### Signatures:

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