

Life Works Customer Action Plan

CUSTOMER NAME: _____

IMMEDIATE GOALS: _____

SHORT TERM GOALS: _____

LONG RANGE GOALS: _____

ACTIVITY

**PROPOSED
DATE**

**COMPLETED
DATE**

Immediate Activity(ies)

Short Term Activity(ies)

Long Range Activity(ies)

I certify that the above plan is an accurate statement of my goals and activities. I also certify that the above plan was discussed with me on the date indicated below.

Signed _____
Customer

Date: _____

Signed _____
Family Representative

Date: _____

Signed _____
Life Coach

Date: _____

6/1/2001

EDUCATION/EMPLOYABILITY DEVELOPMENT PLAN

CUSTOMER NAME _____ S.S. NUMBER _____

ADDRESS _____ PHONE NUMBER _____

AGE _____ SEX _____ MALE _____ FEMALE _____ MARITAL STATUS _____

DEVELOPMENT DATE: _____

A. EDUCATIONAL HISTORY: _____

B. EMPLOYMENT HISTORY: _____

C. EDUCATIONAL/EMPLOYMENT BARRIERS:

- () BASIC EDUCATION
- () LACK HIGH SCHOOL DIPLOMA/GED
- () LACK VOCATIONAL SKILLS
- () LACK EMPLOYMENT: EXPERIENCE/OPPORTUNITY
- () TRANSPORTATION
- () LEGAL PROBLEMS
- () HOUSING
- () CHILD CARE
- () MARITAL PROBLEMS
- () OTHER (SPECIFY) _____