

EMPLOYMENT PLAN

Vocational Goal

In going back to work, what do you hope to accomplish? _____

How many hours/week do you hope to work? Full/Part/Other _____

What field do you want to work in? _____

Steps to Success

- | | |
|----|-----------------|
| A) | Date Completed: |
| B) | Date Completed: |
| C) | Date Completed: |
| D) | Date Completed: |
| E) | Date Completed: |

Work Incentives

What work incentives do you plan to use? _____

Community Resources

What Community Resources do you plan to use? _____

Ticket to Work

List of convenient Employment Networks to assign ticket to: _____

Benefits Recap

For questions, contact: _____ ph _____

Your Disability Program Navigator is _____ ph _____