

## INDIVIDUAL EMPLOYMENT PLAN (IEP)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Education			
Degree Held	<input type="checkbox"/> NA	1. _____	2. _____
Licenses Held	<input type="checkbox"/> NA	1. _____	2. _____
Assessments			
MCIS Assessments Completed	1. _____	2. _____	3. _____
Other Assessments Completed	1. _____	2. _____	3. _____
Careers Identified After Assessments	1. _____	2. _____	3. _____
Chosen Occupation			
1. _____			
Labor Market Information			
What is the average wage for this career?			
What is the anticipated growth for this career?			
Will jobs be available?			
Does this career require a degree or completion of a training program?			
Is training available for this career?			
Is the training provider on an ETPL?			
Steps Necessary to Obtain Chosen Occupation			Due Date
Step 1.	_____		_____
Step 2.	_____		_____
Step 3.	_____		_____
Factors Identified			
Things I may need help with in order to obtain employment in my chosen occupation.	<input type="checkbox"/> Transportation <input type="checkbox"/> Housing <input type="checkbox"/> Childcare	<input type="checkbox"/> Tools <input type="checkbox"/> Work Clothes <input type="checkbox"/> Training	<input type="checkbox"/> Resume <input type="checkbox"/> Interviewing <input type="checkbox"/> Job Search

## WIOA Client Agreement

1. I recognize that I will be responsible for paying back loans if my plan requires me to go into debt for training (i.e. student loans).
2. I have read and do understand the information presented concerning my chosen career and the demand for it in the community.
3. I understand that it is my obligation to maintain contact with my case manager at least once a month for the duration of my enrollment in the program.
4. I understand that WIOA-funded services are not guaranteed. This is not an entitlement program and I do not have legal rights to access the services or automatic access to the resources identified.
5. I understand that I may be required to return any tools or equipment provided to me by this program in the event that I do not successfully complete my training or meet my employment goal.
6. I have helped create this career plan and I intend to participate and succeed in all of the activities we have planned. If I have problems, I will ask for help. If I want to change any parts of the plan, including my career goal, I will tell my case manager and together we can make the changes.
7. It has been explained to me and I agree that the ultimate goal is my placement in unsubsidized employment leading to self-sufficiency. I understand my responsibility to work toward this goal. My failure to meet the conditions of the agreement can result in my closure from the program.
8. I understand that a case manager may follow up with me at least quarterly for one year after my enrollment in the program has been closed, and that my case manager will collect employment information from me.
9. WIOA is an equal opportunity program. Auxiliary aids and services are available upon request to individuals with disabilities. If you believe that you have been treated unfairly during your participation, you may file a grievance within 180 days from the date of the alleged occurrence. You may file a grievance directly with the service provider or with the State WIOA Equal Opportunity Officer, Joe Rangitsch, by email at [DLIWSDComplaintSystem@mt.gov](mailto:DLIWSDComplaintSystem@mt.gov) or by mail to: Department of Labor & Industry PO Box 1728 Helena, MT 59624-1728. For more detailed information visit [wsd.dli.mt.gov/wioa/equal-opportunity](http://wsd.dli.mt.gov/wioa/equal-opportunity).

\_\_\_\_\_  
Signature of Client

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Case Manager

Date: \_\_\_\_\_