



Employment Development Plan
 Massachusetts Department of Transitional Assistance

Name of Recipient _____

Social Security Number _____

Objective: JOB	One Course of Study (Occupational Area)
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Required Steps to Meet Objective

The Department of Transitional Assistance does not guarantee that you will continue to receive child care through completion of your education or training activity. The Department may reassess your plan from time to time, and may deny it based upon lack of available resources. Child care services are subject to appropriation.

The Department will also conduct periodic reviews with you to reassess your progress in meeting your objective of obtaining and maintaining a job. You must cooperate in these reviews.

Step 1 School/Activity	Scheduled Completion Date ____/____/____	Support Services Plan
Activity Type		
Step 2 School/Activity	Scheduled Completion Date ____/____/____	Support Services Plan
Activity Type		
Step 3 School/Activity	Scheduled Completion Date ____/____/____	Support Services Plan
Activity Type		
Step 4 School/Activity	Scheduled Completion Date ____/____/____	Support Services Plan
Activity Type		

I have read the Important Facts about My Employment Development Plan on the reverse side.

Signature of Recipient

____/____/____
Date

Signature of Worker

____/____/____
Date