Tanana Chiefs Conference
Dept. of Family Services • General Assistance
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INDIVIDUAL SELF-SUFFICIENCY PLAN

Client Name:	SSN:
Short-Term Goal:	**Long-Term Goal:**

BARRIERS TO CLIENT

☐ Health	☐ Lack of/Limited Transportation	☐ No Driver's License
☐ Mental Health	☐ Lack of/Limited Education	☐ Social Isolation
☐ Substance Abuse	☐ Criminal History	☐ Limited/No Jobs Available
☐ Age Factors	☐ Limited/No Work History	☐ Homeless
☐ Disabilities	☐ No Job Skills	☐ Other_____

STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY

WORK ACTIVITIES	EDUCATION/TRAINING	OTHER ACTIVITIES	
☐ Job Search	☐ High School Courses	☐ Life Skills Activities	☐ Elder Care
☐ Job Interviews	☐ College Courses	☐ Parenting Skills	☐ Subsistence Activities
☐ On-The-Job Training	☐ GED	☐ Secure Childcare Assistance	☐ Secure Housing
☐ Resume/Cover Letter Prep	☐ English as a Second Language	☐ Substance Abuse Treatment	☐ Apply for Grants & Scholarships
☐ Register with Job Center	☐ Vocational Training	☐ Counseling	☐ School Volunteer
☐ Paid Employment	☐ Job Skills Training	☐ Obtain Driver's License	☐ Research
☐ Self-Employment	☐ Employment Counseling	☐ Resolve Health Issues	☐ Other: _____
☐ Other: _____	☐ Other: _____	☐ Community Service/Volunteer	

SELF-SUFFICIENCY ACTION PLAN & GOALS

ACTION STEPS NEEDED TO ACCOMPLISH SHORT-TERM GOAL	ACHIEVEMENT DATE	DATE COMPLETED
1.	month/day/year	
2.	month/day/year	
ACTION STEPS NEEDED TO ACCOMPLISH LONG-TERM GOAL	**ACHIEVEMENT DATE**	**DATE COMPLETED**
1.	month/day/year	
2.	month/day/year	
TWDS RESPONSIBILITIES WITH CLIENT (Title 25 Code of Federal Regulations §20.318)	**DATE TO BE ACHIEVED**	**DATE COMPLETED**
1. Help client identify services needed to meet goals identified in ISP	ON-GOING	ON-GOING
2. Follow-up and document client's progress with goals/steps in ISP	ON-GOING	ON-GOING

_____ I understand that the purpose of the Individual Self-Sufficiency Plan (ISP) is to follow through with the goals listed above to help myself become self-sufficient. Failure to follow through with the ISP may constitute suspension from the General Assistance Program for a period of at least 60 days but not more than 90 days. I also understand that if there are any changes to be made I will contact the TWDS or the TCC office in a timely manner to ensure my success in the General Assistance program.

_____ I understand that I must participate in work activities and/or other activities developed in this plan. I understand that I must submit an activity report form each month that reflects the activities I've completed.

_____ RELEASE OF INFORMATION: I authorize TCC or its agents to exchange information about me to work contractors and grantees, education providers, medical and social service organizations, training agencies, worksites and employers that I am involved with in order to monitor and evaluate my participation in the Individual Self-Sufficiency Plan activities and to assist me in achieving employment and self-sufficiency.

Client Signature:	Date:
TWDS/Tribal Rep. Signature:	Date:

EMPLOYMENT PLANNING INFORMATION

SKILLS AND ABILITIES

1. Circle the highest grade you've completed. 1 2 3 4 5 6 7 8 9 10 11 12 GED

   A. If you've attended college: How many years/months: _____ Major: _____

   B. Did you receive a degree? ☐ Yes ☐ No If yes, what type? AA BA/BS MA/MS Other: _____

   C. Are you currently in school or training? ☐ Yes ☐ No If yes, where? _____

   D. Are you interested in pursuing a higher education? ☐ Yes ☐ No What field? _____

2. List any training or certificates you've earned:

Type of Training	School/Training Facility	City/State	Month/Year	Certificate/License

3. Do you have a valid Driver's License? ☐ Yes ☐ No If no, why not? _____

   If yes, ADL Number: _____ Driving limitations? _____

4. Are you a veteran? ☐ Yes ☐ No Dates of Service from _____ to _____. Branch: _____
   A. Type of Discharge: ☐ Disabled Veteran ☐ Honorable ☐ Dishonorable ☐ General
   B. Do you have a service-connected disability? ☐ Yes ☐ No

5. Are you able to work with no restrictions? ☐ Yes ☐ No
   A. Do you have any medical problems that limit the types of work you can do? ☐ Yes ☐ No
   B. Do you have proof from a licensed medical provider? ☐ Yes ☐ No

6. List any and all equipment, machinery, tools, programs you can operate: (this can include office, medical, carpentry, anything that you know how to do)

   _____

   _____

   _____

   _____

7. Do you have a resume? ☐ Yes ☐ No Do you need help creating/updating one? ☐ Yes ☐ No

EMPLOYMENT INFORMATION

1. How long have you worked in your lifetime? _____ Are you working now? ☐ Yes ☐ No

   A. If yes, where? _____ What type of work? _____ Hrs per Wk? _____

   B. If no, what was your last job? _____ Date ended: _____

   C. How long have you been unemployed? _____

   D. Are you willing to move in order to obtain employment? ☐ Yes ☐ No

   E. Are you willing to accept employment in a remote site? ☐ Yes ☐ No

   F. Are you registered with the Alaska Employment Service? (ALEXYS) ☐ Yes ☐ No

   G. Would your past employers give you a reference? ☐ Yes ☐ No

   1) _____ 2) _____

2. How can TCC help you find a job or help you keep the job you have? _____

3. If you need these things for work or training, do you have them?

   Child Care: ☐ Yes ☐ No Transportation: ☐ Yes ☐ No Clothing: ☐ Yes ☐ No Other: _____ ☐ Yes ☐ No

   What plans do you have for childcare while you work? _____

   Do you have a vehicle? ☐ Yes ☐ No Car Insurance? ☐ Yes ☐ No Another way to get around? ☐ Yes ☐ No

   Comments: _____

4. Have you been convicted of a crime other than traffic violation? ☐ Yes ☐ No If yes, please explain:

   Are you on probation or parole? ☐ Yes ☐ No If yes, provide name & number of probation or parole officer:

5. Do you need help with any of these situations listed below? Check all that apply to you.

   ☐ Pregnancy/Prenatal Care
   ☐ Family Planning
   ☐ Housing
   ☐ Drug/Alcohol Problems
   ☐ Mental Health Issues
   ☐ Other _____

   ☐ Family/Child Problems
   ☐ Divorce/Child Custody Issues
   ☐ Getting/Paying Child Support
   ☐ Legal Problems
   ☐ Health Problems

   ☐ Vision Problems
   ☐ Dental Care Needs
   ☐ Hearing Problems
   ☐ Trouble with English
   ☐ Difficulty Reading/Writing

   Comments: _____

6. Are there other things that might keep you from going to work? _____

7. Are there any other agency/agencies assisting you with work and family problems? ☐ Yes ☐ No

   If yes, please list agency/agencies, contact person(s) and phone number(s):