

Workforce One

Plan User Guide
Adult/Dislocated Worker (DW)
October 2019



A **Plan** is used for identifying strengths and setting goals and activities for a participant

A **Plan** must be entered in WF1 no later than the start of the first Training Activity

Training, support services, and intensive services cannot be incurred, obligated, or distributed until after the participant is enrolled AND the participant and Employment Counselor have signed and dated the Plan

Refer to the following policies for additional information:

- **Enrollment**
- **Internal Case File Monitoring**
- **Client Training**

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ADD PLAN

A **Plan** must contain:

- **Full Legal Name** of Person
- **Program-Specific Eligibility Documentation**
- **Objective Assessment** with work history, education, job skills & support needs
- **Employment Goal** of the Person

To create a **Plan**:

Click on the **Plan** link found on the left navigation panel.

The image shows a two-step process for adding a plan. The first step is the 'Plan Summary' screen, which displays the individual's name (Wizard O Oz), birth date (03/01/1974), and record ID (100000968). Below this, there are sections for 'Adult Seq 2 - Enrolled' and 'Adult Seq 1 - Exited', both currently showing 'No plans found.' An 'Add Plan' button is located below the 'Adult Seq 2' section. A callout box points to this button with the text: 'Click Add Plan. The panel shown below will appear.'

The second step is the 'Adult Employment Plan' form, also for Wizard O Oz. It includes fields for 'Program Seq' (2), 'Agency: Location' (Ramsey County Workforce Solutions: North St. Paul), and 'Entered by' (Laurie J Doheny). The 'Staff Assigned' field also lists Laurie J Doheny. The '*Plan Mode' field is a dropdown menu currently set to 'None Selected'. A callout box points to this dropdown with the text: 'Plan Mode - Select appropriate Mode - Options are: Online - allows specific sections to be added and retained in WF1; Paper - indicates that a Paper Plan is on file. Click Save and Continue'. At the bottom of the form are 'Save and Continue' and 'Cancel' buttons.

ADD PLAN continued:

The items marked with an asterisk* are required when creating a **Plan**.
The example below is for a **Paper Plan**.

Adult Employment Plan

Wizard O Oz Record ID 10000968
 Birth Date 03/01/1974

Program Seq 2
 Agency: Location Ramsey County Workforce Solutions: North St. Paul
 Entered by Laurie J Doheny
 Staff Assigned Laurie J Doheny

Plan Mode Paper

▼ Hide Case Note

You may enter a case note here when creating a Plan. This case note will be saved in the Case Note section of WF1.

Spell Check

Plan Status Pending

*Start Date 07/10/2019
 Review Date 07/09/2020
 *Confirmation Date

Save and Activate Save as Pending Delete Pending Plan

Case Notes entered here will appear in the Case Note panel and Contact Type will be listed as **Live Contact with Person** (as shown below)

Start Date – Enter the appropriate date
 The **Start Date** will auto enter the date you are adding the Plan. Adjust the date if the **Plan Start Date** is different.

Review Date – Enter the date the Plan needs to be reviewed/updated.
 Plans must be updated at least once every 365 days. A Tickler will be generated 30-days prior to the Review Date and sent to the Primary Staff.

Confirmation Date – Enter the date the Plan was signed, agreed upon, and/or confirmed by the staff and the participant

Click **Save and Activate** or **Save as Pending** if the Plan is incomplete

Case Note View

Wizard O Oz Record ID 10000968
 Birth Date 03/01/1974

Event Date 07/10/2019
 Note Viewable By All Staff in Servicing Agency
 Program Adult
 Agency Ramsey County Workforce Solutions
 Staff Assigned Doheny, Laurie J
 Category Employment/Service Plan
 Contact Method
 Contact Type Live Contact with Person
 Status Open
 Mass Case Note No
 Subject You may enter a case note here when creating a Plan. This case note will be saved in the Case Note s

Note
 You may enter a case note here when creating a Plan. This case note will be saved in the Case Note section of WF1.

This is an example of how the **Case Note** will appear in the Case Note panel

ADD PLAN continued:

The items marked with an asterisk* are required when creating a **Plan**.
The example below is for an **Online Plan**.

WIOA Out-of-School Youth Employment Plan

Elsa Arendelle Record ID 202013374
Birth Date 12/21/1995

Program Seq 1
Agency: Location Ramsey County Workforce Solutions: North St. Paul
Entered by Laurie J Doheny
Staff Assigned Laurie J Doheny

Plan Mode Online
*Full Legal Name

Hide Goals

Spell Check

Hide Plan Sections

No plan sections added.

*Add Section Add Section

Hide Case Note

When creating a Plan, use this area to write a description of the plan. This Case Note will be auto-added to the Case Note section of WF1.

Spell Check

Plan Status Pending

*Start Date 06/17/2019

Review Date 06/16/2020

*Confirmation Date

Save and Activate Save as Pending View/Print Delete Pending Plan

Full Legal Name must be entered

Goals – Enter the participant's goals

Plan Sections – Add Section – Select the appropriated section and then Click **Add Section**

Continue entering the pertinent information for each section added

Case Notes entered here will appear in the Case Note panel (as shown below)

Start Date – Enter the appropriate date

The **Start Date** will auto enter the date you are adding the Plan. Adjust the date if the **Plan Start Date** is different.

Review Date – Enter the date the Plan needs to be reviewed/updated.

Plans must be updated at least once every 365 days. A Tickler will be generated 30-days prior to the Review Date and sent to the Primary Staff.

Confirmation Date – Enter the date the Plan was **signed**, agreed upon, and/or confirmed by the staff and the participant

Click **Save and Activate**

or

Click **Save as Pending** if the Plan is incomplete

PENDING PLAN

Plans saved as Pending must be Activated once complete.

Plan Summary

Wizard O Oz Record ID 100000968
 Birth Date 03/01/1974

▼ Hide Adult Seq 2 - Enrolled

Plan Type: Mode	Plan Status	Start Date: End Date	Staff: Agency	Action
Employment Plan Paper	Pending	07/10/2019	Laurie J Doheny WF Solutions	Edit Delete

Click **Edit** to complete the **Plan**
 Click **Delete** to remove a **Pending Plan**
 The panel shown below will appear

Adult Employment Plan

Wizard O Oz Record ID 100000968
 Birth Date 03/01/1974

Program Seq 2
 Agency: Location Ramsey County Workforce Solutions: North St. Paul
 Entered by Laurie J Doheny Last Updated by Laurie J Doheny
 Staff Assigned Laurie J Doheny

Plan Mode Paper

▼ Hide Case Note

Spell Check

Plan Status Pending

*Start Date 07/10/2019
 Review Date 07/09/2020
 *Confirmation Date

Save and Activate Save as Pending Cancel Delete Pending Plan

Enter any remaining required items, such as the **Confirmation Date**
Confirmation Date – Enter the date the Plan was signed, agreed upon, and/or confirmed by the staff and the participant
 Click **Save and Activate** – the **Plan** is now Active

Plan Summary

Wizard O Oz Record ID 100000968
 Birth Date 03/01/1974

▼ Hide Adult Seq 2 - Enrolled

Plan Type: Mode	Plan Status	Start Date: End Date	Staff: Agency
Employment Plan Paper	Active	07/10/2019	Laurie J Doheny WF Solutions

UPDATING/EDITING A PLAN

A **Plan** must be Updated/Edited when:

- An obstacle or barrier has been overcome
- Goals or Objectives are achieved
- Living Conditions or personal life changes occur, e.g. the person moves, becomes responsible for a family member, falls ill, or if the person changes their name legally

Plan Summary

Wizard O Oz
Birth Date 03/01/1974 Record ID 100000968

▼ Hide Adult Seq 2 - Enrolled

Plan Type: Mode	Plan Status	Start Date: End Date	Staff: Agency	Action
Employment Plan Online	Active	10/01/2019	Laurie J Doheny WF Solutions	Copy Achievements
Employment Plan Paper	Inactive	07/10/2019 10/01/2019	Laurie J Doheny WF Solutions	

Add Plan

FOR **PAPER** PLANS:
Click **Add Plan** and complete the steps on pages 1 and 2

FOR existing **ONLINE** PLANS:
Click **Copy** and the panel shown will appear

Adult Employment Plan

Wizard O Oz
Birth Date 03/01/1974 Record ID 100000968

Program Seq: 2
Agency: Location: Ramsey County Workforce Solutions: North St. Paul
Entered by: Laurie J Doheny
Staff Assigned: Laurie J Doheny

Plan Mode: Online
*Full Legal Name: Wizard Of Oz

▼ Show Goals

▼ Hide Plan Sections

Plan Section	Review	Include in Printed Plan	Action
Assessment	Incomplete	Yes	Edit Delete

*Add Section: None Selected

▼ Show Case Note

Plan Status: Pending

*Start Date:

Review Date:

*Confirmation Date:

The Plan panel will appear allowing the info to be changed.

Click **Edit** to update the Plan sections.

Once items have been updated, **enter** the **Start Date, Review Date & Confirmation Date**

Click **Save and Activate**.

SAMPLE ONLINE PLAN

Template Name WSA14 Dislocated
Worker/Adult WIOA ISS/IEP
Update 2016 Copy

Goal Employment Goal:

ACTIVITY **Assessment**

Client Action Steps

- Last Position {Employer Name}, {Job Title}, {Wage/Salary}, {Duration/How long} -
- Documentation that individual is unlikely to return to a prior occupation or industry if job opportunities in that occupation or industry are significantly diminished for that individual attached/on file? {Completed indicate "Yes"}
- MN Employment Projections for current occupation/career - {Provide Specifics}
- Math/Reading Assessment {Name of assessment and results or indicate "Not Required" if participant has a 4 year degree}
- Outdated or obsolete skills {Provide Specifics}
- Prior Education and/or Training - {List Highest Level of Education/Trainings}
- Re-employment Timeframe - {timeframe}
- Unemployment Benefit End Date (if applicable) - {End Date}
- ONET Interest Profiler Complete and in file: {Completed indicate "Yes"}

ACTIVITY **Employment**

Client Action Steps

- Post complete resume on MinnesotaWorks.net.
- Occupational Goal/Job Objective - {Describe}
- Desired wage - {Amount or range}
- Planned Employment Job Outlook & Wage Estimates (from MN Labor Market Projections - for both primary and goal occupations - if different) - {description}
- Complete and submit resume to Employment Counselor.
- Use social media/LinkedIn for networking and job search.
- Explore Trainings or Skill Upgrade Options - { describe }
- Maintain a work search log including employers you have contacted, positions applied for, dates and follow up notes. (Provide to employment counselor if requested)
- Meet/check in with my employment counselor to discuss job search progress at least every 30 days.
- When hired for a job, tell job counselor/case manager the employer name, job title, wage and hours per week within two weeks of start date.
- Attend Workshops, as suggested by counselor {list workshops}

ACTIVITY **Barriers**

Client Action Steps

- Indicate any issues or concerns that may potentially effect ability to successfully meet the goals of this employment plan.

ACTIVITY **Support Services**

SAMPLE ONLINE PLAN continued:

Client Action Steps

- Provide a completed Financial Needs Analysis form if support services are requested.
- Referrals for support services: 211 first call for help
- Referrals to financial literacy services may be provided

Comments

Employment/Reemployment challenges and concerns including those relating to transportation, housing, childcare, and health insurance may be discussed with your counselor. The program may be able to provide temporary, limited, financial assistance to those in active job search and/or training with demonstrated need. Your counselor will advise on specific documentation. You may also request or be referred to community resource providers for assistance.

ACTIVITY Training

Client Action Steps

- Interest assessment identified (assessment results must be attached to training plan). {results}
- Skill gaps identified through comparison of the ONET code typical task list for the employment goal. {results}
- Review list of Eligible Training Providers at <https://apps.deed.state.mn.us/lmi/cpt/Search>
- Complete Training Proposal form and return to employment counselor {Date Due}
- Maintain regular contact with employment counselor while participating in training (minimum every 30 days)
- Submit financial aid award letters, class schedules, grades and fee statements to employment counselor upon receipt from training provider
- Must maintain satisfactory progress and attend all scheduled classes. This agency will not pay for me to retake a class.
- Discuss any changes in my training plan with employment counselor BEFORE changing plans
- Notify employment counselor immediately if training will not be completed within expected timeline
- Provide a copy of certificate/diploma/degree upon receipt from instructor/institution

Comments

Training is available to those individuals in need of training services to obtain or retain employment leading to economic self-sufficiency or wages comparable to or higher than wages from previous employment. Training priority is for programs that lead recognized post-secondary credentials aligned with in-demand industry sectors/occupations in the local area.
ALL TRAINING PLANS/EXPENSES MUST BE PRE-APPROVED BY YOUR EMPLOYMENT COUNSELOR.

ACTIVITY I understand that or agree to:

Client Action Steps

- I am required to contact my Employment Counselor at least every 30 days to provide updates on progress toward employment/training goals; this can be by telephone, in person or through e-mail. I will respond promptly to e-mails, calls, or letters from my Employment Counselor
- I am required to let my Employment Counselor know when I start working including: employer name, address, job title, starting date and wages, number of hours a week and whether I am eligible for benefits.
- If self-employed; provide quarterly tax statement for 12 months after exit. (This information is needed to verify long-term attachment to the workforce and supports the success of the dislocated worker program)
- I understand that if I have not communicated with my Employment Counselor for 90 consecutive days, my enrollment in the program will be terminated.
- I am required to notify my Employment Counselor of any changes in training and/or employment plan, changes in name, address, phone, or situation.
- I am required to provide Employment Counselor with copies of TRAINING CERTIFICATES/GRADES/DEGREE, upon completion.
- I understand demand for services and budget changes may affect funding availability.

SAMPLE ONLINE PLAN continued:

- I understand the program may assist with follow up services, including counseling regarding the workplace, for up to 12 months from date I start employment. The goal of follow-up services is to ensure job retention, wage gains and career progress for participants who have been referred to unsubsidized employment.
- I understand that I must remain in compliance with the terms of this agreement to maintain program enrollment and that lack of compliance may result in termination from the program and may affect priority of service in future program applications.