

INDIVIDUALIZED CAREER ACTION PLAN (I-CAP)

Date: **SSN# Last Four:** **Customer Name:**

Assessments/Career and Labor Market Information Tools: Choose Item

Program: Choose item **Other Program Information:**

Education/Skills/Strengths:

Employment Goal and Action Plan:

Employment Goal:

Estimated Completion Date:

Choose none, one or all that apply

Barriers to Reemployment **Child Care** **Transportation** **Training** **Housing**
Limited English

Other Barriers

Amended Employment Goal:

Actions/Services Select All That Apply

	DATE		
	ESTABLISHED	REVIEW DATE 1	REVIEW DATE 2
RESUME WRITING: <input type="checkbox"/>			
JOB SEARCH: <input type="checkbox"/>			
WORKSHOP: <input type="checkbox"/>			
SUPPORTIVE SERVICES: <input type="checkbox"/>			

Other:

Participant Agreement:

This Individualized Career Action Plan (I-CAP) was developed with my full knowledge and participation. I understand and accept it as a working document. I also understand that I must keep appointments for Services as assigned as it may affect my eligibility for unemployment insurance benefits.

Customer Signature _____ Date _____

Staff Member Signature _____ Date _____