



JVS/BSF CHILD CARE ASSISTANCE
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Edu-Employability Plan-Post Secondary

EMPLOYABILITY PLAN – POST SECONDARY

Case Name: _____
 Social Security Number: _____
 Case Manager: _____

Case Number: _____
 Birthdate: _____
 Date: _____

****FOR POST-SECONDARY STUDENTS TO COMPLETE****

The purpose of this form is to help us determine if you will be eligible to receive Child Care Assistance while you are going to school. If you are receiving MFIP benefits, you must work with an Employment Service Provider to see if they will approve your Employability Plan.

We will determine if your training program will help you become self-sufficient. Factors we will consider in determining your Employability Plan are:

- Your training must reasonably appear to lead to marketable skills resulting in available full-time employment opportunities with salaries of at least the Minnesota State Minimum Wage.
- If you are currently employed, or have been employed in the last year, your training plan will not be approved unless upon completion of the training program, your anticipated beginning salary would be at least 125% of your salary at the time you were/are employed.
- If you are taking post-secondary classes (i.e., you already have your High School diploma or GED), your anticipated beginning salary upon training completion must equal or exceed the MFIP Transitional Standard for your family size plus the full average cost of child care.
- If you have a Bachelors Degree or certificate and are employable in that field, you may not be eligible for Child Care Assistance for your current training program.
- Child Care Assistance is not available for students in graduate school programs.
- You must also be legally authorized to work in this country.

College Major: _____ Length of Program: _____

Date Program Began: _____ Anticipated Date of Completion: _____

School Name: _____ School Address: _____

Educational Background	Yes	No	Graduation Date	School Name	Degree/Major of Program
High School or GED:	<input type="checkbox"/>	<input type="checkbox"/>			
College/University:	<input type="checkbox"/>	<input type="checkbox"/>			
Other Training Programs Attended:	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			

Employment Background

Employer Name	Dates Employed	Position Title

List your skills that will help you reach your employment goal after completion of the training program:

Do you have any resources available to you (such as child care grants, tuition assistance, child support, etc.)?

What is your employment goal after you finish this training program (include sample job titles that you would be applying for upon graduation)?

The information on this form is complete and accurate to the best of my knowledge. I understand that if Child Care Assistance is approved based on this Employability Plan and if I stop attending school or change my training program, I agree to stop using my child care and to notify my Child Care Assistance worker of the change within 10 days.

Client Signature

Date

FOR JVS USE ONLY

Employability Plan disposition: Approved Denied

Length of time training plan is approved for: _____

Comments: _____

Financial Case Aide signature

Date