

**PROJECT EARN  
INCOME IMPROVEMENT AND ADVANCEMENT PLAN**

PARTICIPANT NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

PROJECT EARN COACH: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

In order for us to assist you in meeting your advancement goals and provide customized services, please complete the following questions:

1. Please list your current job(s):

Start date:	Employer:	Job Title:
Hours per week:	Wage per hour:	Health benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work address:		
Supervisor:		Work phone:
Job duties:		

Start date:	Employer:	Job Title:
Hours per week:	Wage per hour:	Health benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work address:		
Supervisor:		Work phone:
Job duties:		

2. What do you feel might prevent you from improving your present employment situation?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Lack of promotional opportunities | <input type="checkbox"/> Resume/Interview                 | <input type="checkbox"/> Housing            |
| <input type="checkbox"/> Lack of Skills/Training           | <input type="checkbox"/> English Language Skills          | <input type="checkbox"/> Transportation     |
| <input type="checkbox"/> Lack of Education                 | <input type="checkbox"/> Health Issues (Physical/Mental)  | <input type="checkbox"/> Criminal Record    |
| <input type="checkbox"/> Finances                          | <input type="checkbox"/> Family Issues (Health/Caregiver) | <input type="checkbox"/> Interview Clothing |
| <input type="checkbox"/> Not Familiar with Job Market      | <input type="checkbox"/> Childcare                        |   |

Other: \_\_\_\_\_

3. Education/Training completed: \_\_\_\_\_

4. Financial supports – based on income calculator, participant potentially eligible to:

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> Advantage    | <input type="checkbox"/> Medi-Cal         | <input type="checkbox"/> Child care subsidy |
| <input type="checkbox"/> EITC support | <input type="checkbox"/> Child tax credit | <input type="checkbox"/> Other              |

