



- Younger Youth In School
 Older Youth Out of School

Participant Name: _____

Last 4 SSN: _____

INDIVIDUAL SERVICE STRATEGY (ISS)

(Complete all applicable sections.)

SECTION 1 – PARTICIPANT IDENTIFICATION

Participation/Start Date _____ DOB _____ Age _____

Home Address:

_____ No. _____ Street _____ Apt# _____ City **AZ** State _____ Zip

Mailing Address:

Same as above

_____ No. _____ Street _____ Apt# _____ City **AZ** State _____ Zip

Home Ph. _____ Message Ph. _____ E-mail _____

Contact Name _____ Phone #1 _____ Phone#2 _____

Education: Middle School High School GED/Diploma Post Secondary High School Drop Out

Date of GED/HS Diploma	_____	Name of School	_____
Post-Secondary School	_____	Dates	_____
If not a graduate, highest grade completed	_____	Number of Credits	_____
Name of School	_____	Last Date Attended	_____

SECTION 2 – WIA PARTNER \ OTHER PROGRAM PARTICIPATION

Mark all program services the participant is currently receiving.

- TANF Adult Ed. & Literacy HUD E & T. Vocational Rehab.
 WIC Parole/ Probation Svs. Wagner-Peyser Post-secondary Loans/Pell Grant
 Food Stamps Job Corps Scholarships Native American Programs
 DES Child Care AHCCCS Other _____

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Please describe the services that are received and/or needed from the programs marked above:

SECTION 3 – ASSESSMENT

INTERESTS/APTITUDES FROM ASSESSMENT

CURRENT JOB SKILLS

BASIC SKILLS

Test Date: _____

Pre-Test Name: _____ TABE Other _____

Reading Level		Math Level		Language Arts Level	
Raw Score		Raw Score		Raw Score	
Grade Level		Grade Level		Grade Level	

WORK READINESS SKILLS

Assessment Date: _____

Pre-Assessment Name: Presumptive Need Other _____

In need of training: YES NO

OCCUPATIONAL SKILLS

Assessment Date: _____

Pre-Assessment Name: Occupational Skills Assessment (OSA) Other _____

In need of training: YES NO

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IDENTIFIED ASSISTIVE TECHNOLOGY AND REASONABLE ACCOMMODATION NEEDS N/A

Assistive Technology and/or Reasonable Accommodation Need(s)	How Need(s) Will Be Met	Location	Provided	Referred	Approximate Time to Meet Need(s)	Individual Responsible for Action(s)
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

IDENTIFIED HEALTH AND SAFETY RISKS N/A

Identified Health and Safety Risk(s)	Risk Acceptable	How Risk(s) Will Be Addressed or Minimized	Location	Provided	Referred	Approximate Time to Address or Minimize Risk(s)	Individual Responsible for Action(s)
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>		

SECTION 4 – BARRIERS TO EMPLOYMENT

Check all that apply:

BARRIERS	Describe supportive service needs or list referral given:
<input type="checkbox"/> Homeless	
<input type="checkbox"/> Runaway	
<input type="checkbox"/> Foster Care	
<input type="checkbox"/> Disability	
<input type="checkbox"/> School Dropout	
<input type="checkbox"/> Limited English Proficiency	
<input type="checkbox"/> Pregnant \ Parenting Youth	
<input type="checkbox"/> Offender	
<input type="checkbox"/> Substance Abuse	
<input type="checkbox"/> Unemployed	
<input type="checkbox"/> Under-employed	
<input type="checkbox"/> Child Care	
<input type="checkbox"/> Driver's License	
<input type="checkbox"/> Family Issues	
<input type="checkbox"/> Transportation	
<input type="checkbox"/> Misc.	

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List all activities that will assist the youth with reaching overall goal of participation:

<i>Activity</i>	<i>Provider (Referred to)</i>	<i>Date Started (VOS)</i>	<i>Anticipated End Date (VOS)</i>	<i>Actual End Date (VOS)</i>

SECTION 6 – EXPLANATION OF SERVICE MIX

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SECTION 7– PARTICIPANT AGREEMENTS/SIGNATURE

- I have assisted in the development of this plan and agree to it.
- I understand the established goals and will actively participate in the programs.
- I understand that my plan will be updated and reviewed periodically to meet my needs.
- I understand that the development of this plan does not establish a right to bring action to obtain these services.
- I understand that supportive services are decided by the case manager and other administrators on an individual need basis. Participation in the program does not guarantee me the same supportive services as other youth.
- I further understand that a lack of commitment, participation, or follow-through on my part may result in my exit from the WIA Program.
- I also agree to follow-up service for one year after exiting the program.

Participant Signature

Date

Parent/ Guardian Signature

Date

Case Manager Signature

Date

Print Staff Name

Youth Program Agency

Phone No.

SECTION 8 – 30 DAY REVIEW AND REVISION

Review Dates & Initials					

- Copy to: Participant
 File

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