**Learnfare Case Management Plan**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

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| --- | --- |
| Student Name      | Work Program PIN      |
| Parent Name      | Worker Name      |
| W-2 Agency Mailing Address      | Worker Email Address      |

This Learnfare Case Management Plan lists educational goals, and the plan of action and supportive services needed to reach these goals and maintain school enrollment and attendance. This plan begins on       (mm/dd/yyyy) and ends on      .

GOALS

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| Goal Type 1      | Goal Name      | Begin Date      |
| Goal Description      |
| Goal Steps       |

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| Goal Type 2      | Goal Name      | Begin Date      |
| Goal Description      |
| Goal Steps       |

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| Goal Type 3      | Goal Name      | Begin Date      |
| Goal Description      |
| Goal Steps       |

ASSIGNED ACTIVITIES

Your Learnfare Case Management Plan lists the assigned activities that you or your child must participate in to help meet the educational goals. At any time, you may request a meeting with your worker to review these goals and activities. In addition, your worker will meet with you regularly to review progress and make changes to the plan if needed. If you and your worker make changes to the goals or assigned activities, you will receive a new Learnfare Case Management Plan.

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| Activity 1      | Activity Description      |
| Location (Business Name / Street Address)      | Phone      |
| Planned Start and End Dates (Schedule 1)      to       | Frequency/Days      | Hours Per Day   | Begin and End Times      to       |
| Planned Start and End Dates (Schedule 2)      to       | Frequency/Days      | Hours Per Day   | Begin and End Times      to       |
| Contact Information      |
| Additional Information      |

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| Activity 2      | Activity Description      |
| Location (Business Name / Street Address)      | Phone      |
| Planned Start and End Dates (Schedule 1)      to       | Frequency/Days      | Hours Per Day   | Begin and End Times      to       |
| Planned Start and End Dates (Schedule 2)      to       | Frequency/Days      | Hours Per Day   | Begin and End Times      to       |
| Contact Information      |
| Additional Information      |

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| Activity 3      | Activity Description      |
| Location (Business Name / Street Address)      | Phone      |
| Planned Start and End Dates (Schedule 1)      to       | Frequency/Days      | Hours Per Day   | Begin and End Times      to       |
| Planned Start and End Dates (Schedule 2)      to       | Frequency/Days      | Hours Per Day   | Begin and End Times      to       |
| Contact Information      |
| Additional Information      |

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| Activity 4      | Activity Description      |
| Location (Business Name / Street Address)      | Phone      |
| Planned Start and End Dates (Schedule 1)      to       | Frequency/Days      | Hours Per Day   | Begin and End Times      to       |
| Planned Start and End Dates (Schedule 2)      to       | Frequency/Days      | Hours Per Day   | Begin and End Times      to       |
| Contact Information      |
| Additional Information      |

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| Activity 5      | Activity Description      |
| Location (Business Name / Street Address)      | Phone      |
| Planned Start and End Dates (Schedule 1)      to       | Frequency/Days      | Hours Per Day   | Begin and End Times      to       |
| Planned Start and End Dates (Schedule 2)      to       | Frequency/Days      | Hours Per Day   | Begin and End Times      to       |
| Contact Information      |
| Additional Information      |

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| Activity 6      | Activity Description      |
| Location (Business Name / Street Address)      | Phone      |
| Planned Start and End Dates (Schedule 1)      to       | Frequency/Days      | Hours Per Day   | Begin and End Times      to       |
| Planned Start and End Dates (Schedule 2)      to       | Frequency/Days      | Hours Per Day   | Begin and End Times      to       |
| Contact Information      |
| Additional Information      |

SUPPORTIVE SERVICES

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| --- | --- |
| Service      | Details      |
| Service      | Details      |
| Service      | Details      |

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| **COMMENTS:**      |

LEARNFARE CASE MANAGEMENT PLAN SIGNATURE PAGE

I agree to the goals and activities listed in this Learnfare Case Management Plan to help maintain school enrollment and improve attendance. I know that I am responsible for ensuring school attendance and Participation of the assigned activities in this plan. I will work with my case manager to make changes to this plan as needed. I understand my case manager may share information with the school and other agencies. I know if my child or I do not cooperate with my case manager by attending school or participating in the activities outlined in this plan, my W-2 payment may be reduced by $50 per month per child.

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| SIGNATURE – Parent (or Telephonic Signature Interaction ID)      | Date Signed      |