|  |  |
| --- | --- |
| **DEPARTMENT OF CHILDREN AND FAMILIES**  Division of Family and Economic Security | **WSSP** |

**Supportive Service Plan**

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

|  |  |  |
| --- | --- | --- |
| Name – Participant | | Date Form Completed |
| Name – W-2 Worker | Name – Agency | |
|  | | | |
| This is my Supportive Service Plan that W-2 worker,      , and I have made. This plan gives information about resources and services that my family and I may need now or sometime in the future. I know that this plan is based on information that I have shared with my worker.  I know I can contact the W-2 agency at any time:   * To update my Supportive Service Plan; * To find other needed resources; or * To reapply for W-2 (and be reviewed for an extension if I have reached my 48-month time limit).   I know the W-2 agency also can help me apply for or refer me for:   * **FoodShare Wisconsin:** FoodShare has different rules from W-2 and does not have a time limit. * **Medicaid / BadgerCare Plus:** These programs have different rules from W-2 and do not have a time limit. * **Heating Assistance** (also known as Wisconsin Home Energy Assistance Program). * **Wisconsin Shares Child Care Subsidy Program:** This program is for eligible families that are in work, work-related or school / training activities. Wisconsin Shares does not have a time limit. * **Emergency Assistance:** If you are homeless; or you have a notice telling you that you will be evicted for not paying rent; or if you have a housing emergency due to fire, flood, natural disaster or energy crisis, you may be eligible to receive some help with this need. * **Other employment programs in my community:** You can find programs such as Vocational Rehabilitation, Adult and Youth Apprenticeships and other services available to workers and those looking for work at a Wisconsin Job Center. If you are interested, ask a W-2 worker about these programs. * **Other helpful resources in my community:** (for example, food pantries, homeless shelters, medical services, domestic abuse service providers, etc.). | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **The following areas were identified as needs for my Supportive Service Plan:** | | | | | | | | |
|  | Emergency needs (i.e., food pantry, clothing, etc.) | | | |  | Housing | | |
|  | Household budgeting / money management | | | |  | Access to economic supports | | |
|  | Education and training | | | |  | Legal assistance | | |
|  | Employment support | | | |  | Child care | | |
|  | Transportation | | | |  | Personal and family health care | | |
|  | Other need: |  | | |  | Other need: |  | |
|  | | | | | | | | |
| **IDENTIFIED NEED:** | | |  | | | | | |
| **Community Resources** | | | | | | | | |
| Name of Resource | | | | Address  (Street, City, State, Zip Code) | | | | Contact Information |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
|  | | | | | | | | |
| Short-Term Plan of Action: | | | | | | | | |
|  | | | | | | | | |
| Long-Term Plan of Action: | | | | | | | | |
|  | | | | | | | | |
| **IDENTIFIED NEED:** | | |  | | | | | |
| **Community Resources** | | | | | | | | |
| Name of Resource | | | | Address  (Street, City, State, Zip Code) | | | | Contact Information |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
|  | | | | | | | | |
| Short-Term Plan of Action: | | | | | | | | |
|  | | | | | | | | |
| Long-Term Plan of Action: | | | | | | | | |
|  | | | | | | | | |
| **IDENTIFIED NEED:** | | |  | | | | | |
| **Community Resources** | | | | | | | | |
| Name of Resource | | | | Address  (Street, City, State, Zip Code) | | | | Contact Information |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
|  | | | | | | | | |
| Short-Term Plan of Action: | | | | | | | | |
|  | | | | | | | | |
| Long-Term Plan of Action: | | | | | | | | |
|  | | | | | | | | |
| **IDENTIFIED NEED:** | | |  | | | | | |
| **Community Resources** | | | | | | | | |
| Name of Resource | | | | Address  (Street, City, State, Zip Code) | | | | Contact Information |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
|  | | | | | | | | |
| Short-Term Plan of Action: | | | | | | | | |
|  | | | | | | | | |
| Long-Term Plan of Action: | | | | | | | | |
|  | | | | | | | | |
| **IDENTIFIED NEED:** | | |  | | | | | |
| **Community Resources** | | | | | | | | |
| Name of Resource | | | | Address  (Street, City, State, Zip Code) | | | | Contact Information |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
|  | | | | | | | | |
| Short-Term Plan of Action: | | | | | | | | |
|  | | | | | | | | |
| Long-Term Plan of Action: | | | | | | | | |
|  | | | | | | | | |
| **IDENTIFIED NEED:** | | |  | | | | | |
| **Community Resources** | | | | | | | | |
| Name of Resource | | | | Address  (Street, City, State, Zip Code) | | | | Contact Information |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
|  | | | | | | | | |
| Short-Term Plan of Action: | | | | | | | | |
|  | | | | | | | | |
| Long-Term Plan of Action: | | | | | | | | |
|  | | | | | | | | |
| **IDENTIFIED NEED:** | | |  | | | | | |
| **Community Resources** | | | | | | | | |
| Name of Resource | | | | Address  (Street, City, State, Zip Code) | | | | Contact Information |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
|  | | | | | | | | |
| Short-Term Plan of Action: | | | | | | | | |
|  | | | | | | | | |
| Long-Term Plan of Action: | | | | | | | | |
|  | | | | | | | | |
| **IDENTIFIED NEED:** | | |  | | | | | |
| **Community Resources** | | | | | | | | |
| Name of Resource | | | | Address  (Street, City, State, Zip Code) | | | | Contact Information |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
|  | | | | | | | | |
| Short-Term Plan of Action: | | | | | | | | |
|  | | | | | | | | |
| Long-Term Plan of Action: | | | | | | | | |
|  | | | | | | | | |
| **IDENTIFIED NEED:** | | |  | | | | | |
| **Community Resources** | | | | | | | | |
| Name of Resource | | | | Address  (Street, City, State, Zip Code) | | | | Contact Information |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
|  | | | | | | | | |
| Short-Term Plan of Action: | | | | | | | | |
|  | | | | | | | | |
| Long-Term Plan of Action: | | | | | | | | |
|  | | | | | | | | |
| **IDENTIFIED NEED:** | | |  | | | | | |
| **Community Resources** | | | | | | | | |
| Name of Resource | | | | Address  (Street, City, State, Zip Code) | | | | Contact Information |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
|  | | | | | | | | |
| Short-Term Plan of Action: | | | | | | | | |
|  | | | | | | | | |
| Long-Term Plan of Action: | | | | | | | | |
| **SIGNATURES** | | | | | | | | |
| Participant Signature or Telephonic Signature Interaction ID | | | | | | | | |
| W-2 Agency Representative Signature | | | | | | | | |
| W-2 Agency Contact Information: | | | | | | | | |