**ODSP Employment and Retention Plan**

\*Initial plan to be done following intake, and then one update (as a minimum) following the first work experience

**Client:**

**Service Provider:** Steve Su, Distinct Programmes Inc.

**ODSP Caseworker:**

**Referral Date and Number: Income support recipient (IS)** \_\_\_\_ **Non-Income support recipient (NON-IS)** \_\_\_\_\_

**Referral Type:** Placement and retention, regular employment

**Language of choice:** written \_\_\_\_\_\_\_\_\_\_\_\_\_\_ spoken \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job goals/objectives:**

**Readiness Determination Summary:**

**Date of Determination in ESMS:**

**Strengths/skills:**.

 **Criminal record:** Yes \_\_\_ No \_\_\_

**Bilingual:** Yes \_\_\_ No\_\_\_\_

**ESUB Request (List Dates/Amount):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assistive Device, Exceptional Goods and Services (List amounts, items, dates):**

**N/A**

**Employment and Retention Plan, page 2**

**Intake Summary and Initial Plan:**

 **Disability:**

**Disability related obstacles:**

**Solutions to Disability related obstacles:**

**Job retention strategies:**

**Plan Update/Ongoing Support Needs (job search and job retention strategies):**

**Date:**