



DEPARTMENT of ECONOMIC OPPORTUNITY (DEO)
STATE RAPID RESPONSE PROGRAM
SERVICE IMPLEMENTATION PLAN

*LWDB: _____

*Date: _____

*Plan Submitted By: _____

Dislocation Event #: _____

1. *Name of Company: _____

*Address: _____

*City: _____ *State: Florida *Zip Code: _____

2. Date surveys provided to employer/employees: _____

3. Date completed surveys received from employer/employees: _____

4. List results of survey – assistance/services needed by employees:

- | | |
|---|--|
| _____ Choosing a new career | _____ Career (vocational) counseling |
| _____ Vocational classroom training | _____ Money management/financial counseling |
| _____ Starting my own business | _____ Family/personal counseling |
| _____ Job placement assistance | _____ Childcare/dependent care |
| _____ Writing resume/employment letters | _____ Help with transportation |
| _____ Interviewing skills/filling out applications | _____ Coping with change |
| _____ Testing to determine job interests and skills | _____ Information on health insurance coverage |
| _____ Updating basic skills (Math, English, etc.) | _____ Information regarding veteran’s benefits |
| _____ GED preparation | _____ Housing assistance |
| _____ Updating existing skills | _____ Other (specify in comments below): |
| _____ Computer skills | |

Comments:

5. Additional survey data:

_____ Average miles willing to drive _____ Willing to relocate
 \$ _____ Average hourly rate willing to accept _____ Have valid driver's license
 _____ Willing to attend workshops

6. List what services will be provided and by what agency:

Agency	Service(s) to be Provided

7. Describe the in-kind contributions to be made by the employer: _____

8. Is relocation for a significant number (20 or more) of affected workers a consideration? Yes _____ No _____

If "Yes", please describe what resources are available after coordination has been made with the Local Workforce Development Board(s), Rapid Response Program, etc.:

