

New Mexico Aging and Long-Term Services Department
NCNMEDD Non-Metro Area Agency on Aging
State Funded Senior Employment Program (SEP)

Host Agency Name (per contract): _____ Host Agency Job Site: _____

Assessment & Individual Employment Plan (IEP) for: _____

List a desired job or type of work here (required but may be changed on future IEPs): _____

1. Goal: Overcome Barriers to Employment.

<i>Assessment of Barriers</i>	<i>Action steps</i>	<i>Measures of Success</i>	<i>Responsible Person(s)</i>	<i>Additional Resources and Notes</i>	<i>Target Dates</i>	<i>Actual Completion</i>	<i>Initials</i>
1.1							
1.2							
1.3							
1.4							

2. Goal: Close Gaps in General Employment Skills (computer literacy, appropriate work behavior, timeliness and the like)

<i>Assessment of Skills Gap</i>	<i>Action steps</i>	<i>Measures of Success</i>	<i>Responsible Person(s)</i>	<i>Additional Resources and Notes</i>	<i>Target Dates</i>	<i>Actual Completion</i>	<i>Initials</i>
2.1							
2.2							
2.3							
2.4							

Form Developed 12/17/2013; Revised 03/31/2014; Revised and Implemented 07/01/2022 Non-Metro AAA

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3. Goal: Attain Specific Job Readiness (Use the Occupational Information Network (O*NET), www.onetonline.org, as a guide)

<i>Skills, Knowledge & Abilities Needed</i>	<i>Action steps</i>	<i>Measures of Success</i>	<i>Responsible Person(s)</i>	<i>Additional Resources and Notes</i>	<i>Target Dates</i>	<i>Actual Completion</i>	<i>Initials</i>
3.1							
3.2							
3.3							
3.4							

4. Goal: Obtain Employment

<i>Methods to be Used</i>	<i>Action steps</i>	<i>Measures of Success</i>	<i>Responsible Person(s)</i>	<i>Additional Resources and Notes</i>	<i>Target Dates</i>	<i>Actual Completion</i>	<i>Initials</i>
4.1							
4.2							
4.3							
4.4							

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5. Goal: Maintain SEP Assessment, Individual Employment Plan and Eligibility Processes

<i>Next Re-assessment, IEP & Re-certification</i>	<i>Action steps</i>	<i>Measures of Success</i>	<i>Responsible Person(s)</i>	<i>Additional Resources and Notes</i>	<i>Target Dates</i>	<i>Actual Completion/</i>	<i>Initials</i>
5.1							
5.2							

6. Goal: Identify Resources for Community Living and Transition out of SEP (shall not be a goal for initial IEP)

<i>Community Supports Needed</i>	<i>Action steps</i>	<i>Measures of Success</i>	<i>Responsible Person(s)</i>	<i>Additional Resources And Notes</i>	<i>Target Dates</i>	<i>Actual Completion/</i>	<i>Initials</i>
6.1							
6.2							

Comments: _____

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Certification of Assessment and Individual Employment Plan Development.

SEP Job Title: _____

Supervisor Title: _____

Enrollee/Participant Name: _____

Supervisor Name: _____

Enrollee/Participant Signature: _____

Supervisor Signature: _____

Date: _____

Date: _____

Complete this section when the Individual Employment Plan (IEP) is modified or updated. Include date changed in the “Update #1 or #2 line, as appropriate.

Signatures/Dates:

Enrollee/Participant: _____

Supervisor: _____

Update #1: _____

Update #1: _____

Update #2: _____

Update #2: _____

Comments: _____
