



REEMPLOYMENT AND EMERGENCY ASSISTANCE COORDINATION TEAM (REACT)

SERVICE IMPLEMENTATION PLAN

ÖÖU Region: \_\_\_\_\_ WDB Region: \_\_\_\_\_ 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 Regional Workforce Development Board(s), REACT, etc.:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_