



## JOB READINESS ACTIVITY VERIFICATION FORM MODULE 1 - PLANNING FOR SUCCESS

Participant Name: \_\_\_\_\_

RID #: \_\_\_\_\_

Participation Hours:       30 hours       20 hours       Other: \_\_\_\_\_

When you are getting **TANF** cash assistance, you must participate in approved work activities. One of the work activities is **Job Readiness**. You were provided the **NHEP Job Readiness Module Series/Module 1-Planning for Success**, along with this form and another form, **My Vocational Assessment Results**. You must complete the sections in this **Module** to get credit for this **Work Activity**. Enter the time that you spent working in the **Module** sections on this form. Bring the completed **Module** and the forms provided to your next **NHEP** appointment with your **Employment Counselor Specialist (ECS)**. This form is proof of time spent in this **Work Activity**.

If you have any questions, contact your **NHEP Employment Counselor Specialist (ECS)**.

ASSIGNMENT	DATE	TIME SPENT	DATE	TIME SPENT	DATE	TIME SPENT	TOTAL
SECTION 1 - NH Works & JMS Registration							
SECTION 2 - NH Labor Market Information/Holland Codes							
SECTION 3 - Work Values							
SECTION 4 -Northstar Digital Literacy							
SECTION 5 - VAK Learning Styles							
Generic Job Application							
Other							
Other							
<b>Total Time Spent:</b>							

**By signing below, I state that the above information is true and accurate.**

\_\_\_\_\_  
 Client Signature

\_\_\_\_\_  
 Date

**By signing below, I state that I have reviewed the hours for this activity.**

\_\_\_\_\_  
 NHEP ECS Signature

\_\_\_\_\_  
 Date

For Official Use Only ECS Reviewed/Entered in New Heights Initials: _____ Date: __/__/__
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NH Employment Security and NH Department of Health Human Services are Equal  
 Opportunity Employers and comply with the American Disabilities Act.

TDD Access: Relay NH 1-800-735-2964 or 711