|  |  |
| --- | --- |
| Participant Name: | Name of Business: |
| Reviewer Name: | Date of Business Plan Review: |
| ESP Agency: | Date of Next Progress Review: |

*Use this document to notify the participant of agency’s decision and rationale for*

*approval or denial a self-employment business plan.*

**Self-Employment APPROVED**

Business plan **PENDING** – self-employment activities **APPROVED**

Participant is working towards business plan development; review progress in one month

Business plan **COMPLETE** – self-employment activities **APPROVED**

Participant is doing self-employment with approved business plan; review progress in three months

**Self-Employment DENIED**

Participant pursuing multiple steps to create business plan but repeatedly hit dead ends

Participant did not obtain needed financing or certification

Participant did not secure space necessary to run the business

Participant does not want to develop or submit a business plan

Participant notified that self-employment activities will not be included in the employment plan nor will support services be provided to support self-employment activities

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| --- |
| Notes: |

**Income Outlook** (Optionally complete table to review projected household income for next six (6) months.)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| OUTLOOK of TOTAL HOUSEHOLD INCOME | | | | | | | | | | |
| **Self-Employment Income**  **MAXIS STAT/BUSI panel** | |  | **Other Earned Income**  **from resident or another caregiver**  **MAXIS STAT/JOBS panel** | |  | **Unearned Income**  **STAT/UNEA panel** | |  | **Total household Income** | |
| MONTH | INCOME |  | MONTH | INCOME |  | MONTH | INCOME |  | MONTH | INCOME |
|  |  | + |  |  | + |  |  | = |  |  |
|  |  | + |  |  | + |  |  | = |  |  |
|  |  | + |  |  | + |  |  | = |  |  |
|  | | | | | | | | | | |
|  |  | + |  |  | + |  |  | = |  |  |
|  |  | + |  |  | + |  |  | = |  |  |
|  |  | + |  |  | + |  |  | = |  |  |