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| --- | --- |
| 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.)

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| 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 |
|  |  | + |  |  | + |  |  | = |  |  |
|  |  | + |  |  | + |  |  | = |  |  |
|  |  | + |  |  | + |  |  | = |  |  |
|  |
|  |  | + |  |  | + |  |  | = |  |  |
|  |  | + |  |  | + |  |  | = |  |  |
|  |  | + |  |  | + |  |  | = |  |  |