

**Reemployment Eligibility Assessment (REA) Program
Work Search Agreement and Service Strategy Next Steps Plan**

Name _____

OSOS ID # _____

Last 4 Digits of SSN _____

Part B: Service Strategy Next Steps Plan

Follow-up REA: Date: _____
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Customer has been advised that they are: *(select one)*

- Making good efforts to seek employment and has complied with work search agreement and next steps service strategy plan
- Customer given the following instructions and advised of steps needed to remove potential barriers to employment and/or to maintain UI eligibility:

Customer instructed to attend the following workshops or referrals to other agencies:

_____ on ___/___/___ at: _____

Other Actions to be taken by the customer prior to next REA Appointment:

Next Scheduled REA:

Appointment Date: ___/___/___

or in approximately ___ weeks (to be scheduled/notified by mail)

Customer's Signature _____ Date _____