Education & Employment Program

The **Education & Employment** program provides case management, education, housing & employment services for individuals facing the impacts of poverty.

Each participant works one-on-one with the coordinator to develop an individualized employment plan focused on both obtaining and maintaining employment. This plan may include:

**JOB RELATED**
- ☐ Resume Development
- ☐ Job-Search Assistance
- ☐ Interview Preparation
- □ Ongoing Job Coaching once employed

**BASIC LIFE SKILLS**
- ☐ Time Management Skill-Building
- ☐ Conflict Resolution Skill-Building
- ☐ Health Habit Exploration and Development
- ☐ Computer Skill-Building

**EXPERIENCE DEVELOPMENT**
- ☐ Volunteer experience
- ☐ Employment Connection
- ☐ Transportation Assistance
- □ Case Management Services

**Housing related**
- ☐ Credit Development
- ☐ Budgeting Skills
- □ Landlord Connection

**Participant Time Commitment:**
We understand that everyone’s employment and recovery needs are different. Therefore, the time commitment for the Education & Employment program can vary for each individual. Program participation will occur on weekdays during regular business hours, and participants should expect to commit 1-2 hours per day, 1-2 days per week, for up to 10 weeks. **East End Cooperative Ministry (EECM) is not a treatment provider** but will work with your treatment provider to help you continue in your recovery *and* become employed.

Eligibility Requirements:
- Must be at least 18 years of age

For more information or to request a referral form, e-mail [alvina@eecm.org](mailto:alvina@eecm.org) or call 412-345-7159
Education & Employment – Referral Form

The Education & Employment program provides case management, education, housing & employment services for individuals facing the impacts of poverty.

REFERRAL SOURCE INFORMATION (PLEASE PRINT OR TYPE)

<table>
<thead>
<tr>
<th>Date of Referral:</th>
<th>Referral Agency:</th>
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<tr>
<th>Referral Contact Name:</th>
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<tbody>
<tr>
<td>Contact Number:</td>
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PARTICIPANT INFORMATION

<table>
<thead>
<tr>
<th>Participant Name:</th>
<th>Email:</th>
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Best way to contact participant to schedule an initial screening:

☐ Participant Phone
☐ Participant Email
☐ Referral Contact Phone
☐ Other: ___________________

Current Address/Location:

Education Level:

☐ High School Diploma ☐ GED ☐ Trade School ☐ College

Documents you have:

☐ Social Security Card ☐ Photo ID/Driver’s License
☐ Birth Certificate ☐ Medical Insurance Card

Benefits/Income you have:

☐ SNAP ☐ MEDICAID ☐ MEDICARE ☐ VA Related Sources
☐ Employment ☐ Unemployment ☐ SSI ☐ SSD
☐ Pension ☐ Child Support

Areas the participant wants to work on:

**JOB RELATED**

☐ Resume Development
☐ Job-Search Assistance
☐ Interview Preparation
☐ Ongoing Job Coaching once employed

**BASIC LIFE SKILLS**

☐ Time Management Skill-Building
☐ Conflict Resolution Skill-Building
☐ Health Habit Exploration and Development
☐ Computer Skill-Building

**EXPERIENCE DEVELOPMENT**

☐ Volunteer experience
☐ Employment Connection
☐ Transportation Assistance
☐ Case Management Services

**Housing related**

☐ Credit Development
☐ Budgeting Skills
☐ Landlord Connection

Referral Agent Signature | Date
------------------------|------
Participant Signature | Date

Please fax completed referral form to 412-345-7159 or e-mail alvina@eecm.org