



## 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@eecom.org](mailto:alvina@eecom.org) or call 412-345-7159



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MINISTRY

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## 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)

<b>Date of Referral:</b>	<b>Referral Agency:</b>
<b>Referral Contact Name:</b>	
<b>Contact Number:</b>	<b>Email:</b>

### PARTICIPANT INFORMATION

<b>Participant Name:</b>	
<b>Phone #:</b>	<b>Email:</b>
<b>Best way to contact participant to schedule an initial screening:</b>	
<input type="checkbox"/> Participant Phone	<input type="checkbox"/> Referral Contact Phone
<input type="checkbox"/> Participant Email	<input type="checkbox"/> Other: _____
<b>Current Address/Location:</b>	
<b>Education Level:</b>	
<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Trade School <input type="checkbox"/> College	
<b>Documents you have:</b>	
<input type="checkbox"/> Social Security Card <input type="checkbox"/> Photo ID/Driver's License	
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Medical Insurance Card	
<b>Benefits/Income you have:</b>	
<input type="checkbox"/> SNAP <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> VA Related Sources	
<input type="checkbox"/> Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI <input type="checkbox"/> SSD	
<input type="checkbox"/> Pension <input type="checkbox"/> Child Support	
<b>Areas the participant wants to work on:</b>	
<b>JOB RELATED</b>	<b>BASIC LIFE SKILLS</b>
<input type="checkbox"/> Resume Development	<input type="checkbox"/> Time Management Skill-Building
<input type="checkbox"/> Job-Search Assistance	<input type="checkbox"/> Conflict Resolution Skill-Building
<input type="checkbox"/> Interview Preparation	<input type="checkbox"/> Health Habit Exploration and Development
<input type="checkbox"/> Ongoing Job Coaching once employed	<input type="checkbox"/> Computer Skill-Building
<b>EXPERIENCE DEVELOPMENT</b>	<b>Housing related</b>
<input type="checkbox"/> Volunteer experience	<input type="checkbox"/> Credit Development
<input type="checkbox"/> Employment Connection	<input type="checkbox"/> Budgeting Skills
<input type="checkbox"/> Transportation Assistance	<input type="checkbox"/> Landlord Connection
<input type="checkbox"/> Case Management Services	
<b>Referral Agent Signature</b>	<b>Date</b>
<b>Participant Signature</b>	<b>Date</b>

Please fax completed referral form to 412-345-7159 or e-mail [alvina@eecm.org](mailto:alvina@eecm.org)