



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@ecm.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)

Date of Referral:	Referral Agency:
Referral Contact Name:	
Contact Number:	Email:

PARTICIPANT INFORMATION

Participant Name:	
Phone #:	Email:
Best way to contact participant to schedule an initial screening:	
<input type="checkbox"/> Participant Phone	<input type="checkbox"/> Referral Contact Phone
<input type="checkbox"/> Participant Email	<input type="checkbox"/> Other: _____
Current Address/Location:	
Education Level:	
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> GED
<input type="checkbox"/> Trade School	<input type="checkbox"/> College
Documents you have:	
<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
Benefits/Income you have:	
<input type="checkbox"/> SNAP	<input type="checkbox"/> MEDICAID
<input type="checkbox"/> Employment	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Pension	<input type="checkbox"/> Child Support
<input type="checkbox"/> MEDICARE	<input type="checkbox"/> VA Related Sources
<input type="checkbox"/> SSI	<input type="checkbox"/> SSD
Areas the participant wants to work on:	
JOB RELATED	BASIC LIFE SKILLS
<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
EXPERIENCE DEVELOPMENT	Housing related
<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	
Referral Agent Signature	Date
Participant Signature	Date