

JOBS Program Services

- *Employment assistance*
- *Housing support*
- *Help obtaining a driver's license or learner's permit*
- *Guidance in exploring educational and career training options*
- *Support with accessing community resources such as 3squaresVT, Reach Up, and Vermont Health Connect*
- *Help connecting with other community resources such as the Department of Labor or Vocational Rehabilitation*
- *Assistance with accessing mental health and substance use services*
- *Help with life planning and independent living skills*
- *Support with developing skills to reduce behaviors that interfere with success*



For Eligibility or Program Questions, Contact OR Return Referral Form to:

Brattleboro Region

Danielle Southwell, *Prgm Coordinator*
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Springfield Region

Cindy Dominique, *Case Manager*
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Jessie Fleshman, *Case Manager*
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JOBS Program

Jump
on Board for Success



Preparing Youth and Young Adults, age 16-21, for Independence and Employment



www.hcrs.org



JOBS Program

Supporting young adults, ages 16-21, with mental health challenges. Those who have dropped out, have already graduated, or those who have obtained their GED may be eligible. In school youth must be 6 months from graduation or at high risk of not completing their high school education. At least one additional risk factor (see form) is also required for eligibility.

“The JOBS program helped me reach my goals and feel better about myself and my future.”

HCRS JOBS Referral Form

Please check all Risk Factors that apply (at least one needs to be checked):

- | | |
|---|--|
| <input type="checkbox"/> Homeless or at risk of homelessness | <input type="checkbox"/> History of or current involvement with Department for Children & Families |
| <input type="checkbox"/> Receives SSI | <input type="checkbox"/> Pregnant or parenting |
| <input type="checkbox"/> History of or current involvement with Department of Corrections or juvenile justice | |

Applicant Name: _____ DOB: _____ Age: _____

Address: _____

Phone: _____ SSN: _____

Education Status: _____

Currently Receiving the Following Services: _____

Reason for Referral: _____

Emotional/Behavioral Diagnosis (if known): _____

Referral Made by: _____ Phone: _____