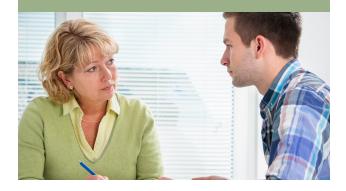
JOBS Program Services

- 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* (802) 254-7500 x1133 (802) 779-8296 (cell) dsouthwe@hcrs.org

Erika Korb, *Case Manager* (802) 254-7500 x1131 (802) 952-3755 (cell) ekorb@hcrs.org

Springfield Region

Cindy Dominique, Case Manager (802) 886-4567 x2536 (802) 299-5342 (cell) cdominiq@hcrs.org

Hartford Region

Jessie Fleshman, Case Manager (802) 295-3032 (802) 952-8628 (cell) jfleshma@hcrs.org



JOBS Program

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): Homeless or at risk of homelessness History of or current involvement with Department for Children & Families Receives SSI History of or current involvement Pregnant or parenting 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 Diagosis (if known): Referral Made by: Phone: