**My Next Steps**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | |  | |
| Address: |  | | | | | | | |
| Phone: |  | | | **Email:** | | |  | |
| Emergency Phone Number: | | |  | | | |  | |
| DARS/DBVI Counselor: | |  | | | | | | |
| Counselor Email: | |  | | | | | | |
| Counselors Phone Number: | | |  | | **Can I text my counselor?** | | | **Y N** |
| I have scheduled my next appointment with my counselor at? | | | | | |  | | |

|  |  |
| --- | --- |
| Where will I be living after training? |  |
| How will I get to work? |  |
| Plans for Car/License/Permit |  |
| Do I owe money or do I have outstanding bills that need to be addressed? |  |
| Who are my supporters? |  |
| What hours can I work? |  |

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| --- | --- |
| I have scheduled an appointment for my doctor in my home area for medication continuation/counseling: | Date: |
| I receive Social Security, insurance or other benefits. How will this be affected once I start working: |  |
| If needed, I have talked or scheduled an appointment for benefits training? | **Date:** |
| Do I have an outstanding bill/fee/lien that will affect me on the job? |  |

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| --- | --- | --- |
| These are 3 employers in my home area that I have or will be applying to: | | |
| 1. Name: |  | |
| How do I apply? | |  |
| 1. Name: |  | |
| How do I apply? | |  |
| 1. Name |  | |
| How do I apply? | |  |

|  |  |
| --- | --- |
| What do I need Help with? | |
| Interviews? | **Yes or No** |
| Applications? | **Yes or No** |
| Interview OUtfit? | **Yes or No** |
| Clothes for work? | **Yes or No** |
| transportation? | **Yes or No** |
| Bank Account? | **Yes or No** |
| other expenses? | **Yes or No** |
| other items? | **Yes or No** |

|  |  |  |
| --- | --- | --- |
| My Certifications: | Future Dates of testing: | |
| Things that others need to know about me? | |  |
| What are my career goals in Manufacturing? | |  |

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| --- | --- | --- |
| My References | | |
| 1. | **Phone:** |  |
| 2. | **Phone:** |  |
| 3. | **Phone:** |  |