**My Next Steps**

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| 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?  |  |

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| 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:**  |  |