



Avivo wants to help you.....

I am looking for help with or resources for.....

- | | | |
|--|---|---|
| <input type="checkbox"/> Driver's License/State ID | <input type="checkbox"/> Child Care | <input type="checkbox"/> HS Diploma/GED/College |
| <input type="checkbox"/> Public transportation | <input type="checkbox"/> Affordable phone | <input type="checkbox"/> Affordable housing |
| <input type="checkbox"/> Immigration services | <input type="checkbox"/> Food shelf locations | <input type="checkbox"/> Elder Care/Parent Care |
| <input type="checkbox"/> Work clothing/supplies | <input type="checkbox"/> Interview clothing | <input type="checkbox"/> Household Supplies |

Provide more specific information: _____

I am looking for job related help with.....

- | | | |
|--|--|---|
| <input type="checkbox"/> Criminal background resources | <input type="checkbox"/> Set up an email account | <input type="checkbox"/> Resume writing |
| <input type="checkbox"/> Filling out job applications | <input type="checkbox"/> Thank you letter | <input type="checkbox"/> Interview skills |
| <input type="checkbox"/> Job searching | <input type="checkbox"/> Cover letters | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Keeping a job | <input type="checkbox"/> Career assessments | <input type="checkbox"/> PCA/CNA training |
| <input type="checkbox"/> Career Exploration | <input type="checkbox"/> Finding felony friendly employers | |

Provide more specific information: _____



I need help with filling out and/or more assistance with

- | | | |
|--|--|---|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Health insurance | <input type="checkbox"/> Parenting skills |
| <input type="checkbox"/> Mental health(self/child) | <input type="checkbox"/> Safe at home | <input type="checkbox"/> Energy assistance |
| <input type="checkbox"/> Medical opinion forms | <input type="checkbox"/> Housing | <input type="checkbox"/> Physical health |
| <input type="checkbox"/> Community Resources/ESL | <input type="checkbox"/> Child care assistance | <input type="checkbox"/> Specialized services |

Provide more specific information: _____

Office Use Only _____

Referral sent to : Career Services Social Worker

CD Name: _____

SW Name: _____

Follow up with client: _____

