

WAY TO WORK

INTEREST FORM

Today's Date: _____

Name: _____

Phone Number: (____) _____

Address: _____

ProAct Designated Coordinator: _____

County Case Manager: _____ Phone Number: (____) _____

Residence Type:

Private Home

Group Home

Foster Home

Other: _____

Do you have a Guardian or Legal Representative?

Yes

No

If Yes, their Name: _____ Phone Number: (____) _____

Are you receiving any of the following?

SSI

SSDI

MA

Other public support: _____

In your own words, why do you want an independent job?

Please contact your County Case Manager to let them know your interest in **WAY TO WORK**.

Please return this form to your Designated Coordinator at ProAct.

Designated Coordinator please turn completed form into the **WAY TO WORK** mailbox.