

Recovery Supports Program (RSP)

JOB READINESS INFORMATION

APPLICANT'S NAME: _____

Please include information explaining job readiness efforts. This may include job searches, vocational training, posting resumes online, treatment related employment groups, online education, etc.

List all job search contacts:

	Date	Company & Position	Contact Person & Phone #	Type of Contact <i>i.e.: Sent resume or interviewed</i>
1				
2				
3				
4				
5				

List all vocational training contacts:

	Date	Type of Training	Contact Person & Phone #	Dates of Training
1				
2				
3				
4				
5				