



<p>175 Exchange St., Suite 260, Bangor, ME 04401</p> <p>57 Main Street, Lincoln, ME 04457</p> <p>1024 Central St., Millinocket, ME 04462</p> <p>Toll free # (877) 376-2289 Local # (207) 945-9828</p>	<h2>Ticket to Work Application</h2>
Ticket Holder Information:	
Name:	
Address:	
Phone:	
Email: (if you have one)	
Legal Guardian (if applicable) Name/Phone	
Date of Birth	____/____/____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Yes No Have you ever been a client of Vocational Rehabilitation (VR)?

If Yes, approximately when?

Yes No Are you currently a Vocational Rehabilitation Client?

Yes No Are you currently working with an Employment Network?

If you are currently working with an Employment Network, what is their name address and phone number?

Name: _____

Address: _____

Phone: _____

Why are you leaving them and assigning your Ticket to **KFI**?



Work Background

Have you ever worked for pay in the last 18 months? Yes No

Please briefly describe work experience and latest employment:

Education Background

Please describe the highest level of education that you have completed

Degrees or Certificates Obtained (if any)

Yes No Are you currently working?

If yes, please indicate your hourly, weekly or monthly pay: \$_____ / hour
week month (circle one)



and the number of hours that you work per day, week or month: # _____ / day
 week month (circle one)

Vocational Goal

Prior to mailing this form back to us, please write in the space provided a statement of what your Vocational Goal(s) is (are). **KFI** understands that your goals might change.

When would you like to start work? (Please leave this blank if you are already working.)

Yes No Is one of your employment goals to receive employer offered benefits?

If yes, which benefits? (Please circle all that apply):

- vacation sick leave health insurance child care
 long-term disability insurance retirement or pension plan

How far are you willing to travel from your home to your work?	_____ miles
What is the hourly or weekly or monthly salary that you hope or expect to make?	_____ \$
How many hours do you hope or expect to work per week?	_____ hours

Do you anticipate being a **waged** employee or **self employed**? Please circle which one.



Your expected or hoped for occupation:	
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What supports do you believe you will require to seek, secure, and maintain employment? Please check all that apply:

- Resume writing
- Completing job applications
- Interviewing for a job
- Job development and assistance in locating jobs that match my abilities, skills and talents
- Job training
- Job coaching
- Other (please identify) _____

Beneficiary's Signature

Date

Please mail this application to:

KFI
Employment Network
175 Exchange Street, Suite 260



Bangor, Maine 04401
Or
Fax: 1-207-945-9822