

Syntiro (Formerly Maine Support Network)		<h2>Ticket to Work Application</h2>
Center for Self Determination, Health & Policy 11 South Road Readfield, ME 04355 p: (866) 291-0004 f: (866) 883-9271 EIN # 01-0533972		
Beneficiary Name:		
Address:		
Phone:		
SSN:		
Email: (if you have one)		
Beneficiary's Legal Representative, Name/Phone (if applicable)		
Beneficiary's Date of Birth	____ / ____ / ____	
Beneficiary's Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	

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 Maine Support Network?

Work Background

Please briefly describe work experience and latest employment.

Education Background

Please describe the highest level of education that you have completed

Degrees 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). Maine Support Network 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.

Please circle the expected category of job that you seek according to the EEOC classification:

- | | | |
|--|---------------|-----------|
| Executive/Managerial | Professional | Sales |
| Technical/Paraprofessional | Skilled Craft | Operative |
| Secretarial/Office/Clerical/Service Worker | | Laborer |

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 gifts and talents
- Job training
- Job coaching
- Other (please identify) _____

Beneficiary's Signature

Date

Please mail this application to:
Syntiro
11 South Road
Readfield, ME 04355

or

Fax: 1.866.883.9271
Phone: 1.866.291.0004