

Discovery Activity **Family & Support Network**

* Complete the following to identify the person who will always know your address and phone number and someone who has a different phone number than yours.

Name	Relationship	
Street Address	Apt. #	Phone Number
City	State	ZIP Code
Email Address		

* Your support network includes individuals who know you well, care about you, and are involved in your life. It also includes people who can help you succeed in preparing for, finding, and keeping a job. **Please list any additional individuals who have not already been identified as a family member who will support you.**

Name	Relationship	Phone Number
How will this person support you?	<input type="checkbox"/> Financially <input type="checkbox"/> Provide Job Leads	<input type="checkbox"/> Emotionally <input type="checkbox"/> Transportation <input type="checkbox"/> Provide Job References <input type="checkbox"/> Other _____

Name	Relationship	Phone Number
How will this person support you?	<input type="checkbox"/> Financially <input type="checkbox"/> Provide Job Leads	<input type="checkbox"/> Emotionally <input type="checkbox"/> Transportation <input type="checkbox"/> Provide Job References <input type="checkbox"/> Other _____

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* VR Staff required data fields