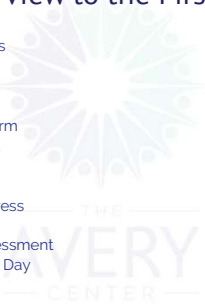




From the Interview to the First Day

1



From the Interview to the First Day

- Identification Documents
- W4 Form
- Direct Deposit
- *Practice Better* Portal
- Basic Participant Info Form
- Participation Agreement
- Intake Questionnaire
- Transportation Form
- Permanent Mailing Address
- Headshot and Bio
- Technology Needs Assessment
- What to Expect the First Day

2



Identification Documents

3



7

Direct Deposit

Payroll Direct Deposit Form

This form is for Direct Deposit to a bank account for **payroll** purposes.

Date: _____

Print Name Here: _____

Print Email Address Here: _____

Signature: _____

Your payroll check **MUST** be deposited directly to your bank account.
Attach a "voided" check to this paper,
OR
Provide your financial institution's and your account information below.

Bank Name: _____

Bank Address: _____

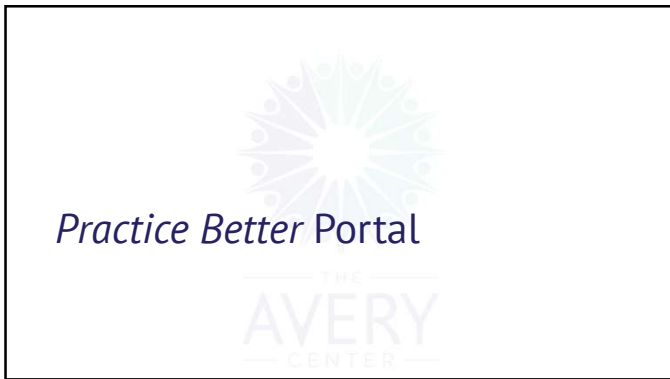
Routing Number: _____

Account Number: _____

PLEASE NOTE: It can take 3-5 business days for Direct Deposit to be activated in our system, which can delay the initial paycheck if information is invalid or not provided promptly.

THE
AVERY
CENTER

8



9



Basic Participant Info

— THE —
AVERY
— CENTER —

10

Basic Participant Info

Name: _____

Date of Birth: _____

Physical Address: _____

Mailing Address (if different from physical): _____

Phone Number: _____

Email Address: _____

Place of Educational Enrollment: _____

Other Place of Work: _____

In Case of Emergency, Please Notify This Person/These People:

Name: _____

Phone: _____ Relationship to You: _____

Name: _____ Relationship to You: _____

Phone: _____ Relationship to You: _____

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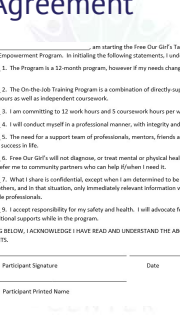


Participation Agreement

— THE —
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— CENTER —

12

Participation Agreement



I, _____, am starting the free Our Girl's Rising Right Economic Empowerment Program. In initialing the following statements, I understand:

1. The Program is a 12-month program, however if my needs change, I am free to leave.
2. The On-the-Job Training Program is a combination of directly supervised training and work hours as well as independent coursework.
3. I am committing to 32 work hours and 16 coursework hours per week.
4. I will conduct myself in a professional manner, with integrity and honesty.
5. The need for a support team of professionals, mentors, friends and family for my health and success in life.
6. Free Our Girl's self-test diagnosis, or treat mental or physical health issues, but they may refer me to correctly partners who can help if/when I need it.
7. What I share is confidential, except when I am determined to be a threat to myself or others, and in that situation, only immediately relevant information will be shared with outside professionals.
8. I accept responsibility for my safety and health. I will advocate for myself should I need additional support while in the program.


BY SIGNING BELOW, I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

Participant Signature _____ Date _____

Participant Printed Name _____

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Expectations Form



Job Program Participant Expectations Meeting

Employee Name _____
 Supervisor _____
 Date of Meeting _____

Previous Expectations Meetings

Meeting	Oral/Written	Date	By Whom
1 st Meeting	_____	_____	_____
2 nd Meeting	_____	_____	_____
3 rd Meeting	_____	_____	_____

Supervisor Statement _____

Employee Response
 I agree/disagree (circle one) with the supervisor's statement.

Action to Be Taken
 Warning Suspension Termination Other: _____

Next Steps Should Incident Happen Again: _____

I have read this Expectations Review, understand its contents, acknowledge them, and the Action Plan was covered with me today.

Employee Signature _____
 Supervisor Signature _____


14

Intake Questionnaire



15

Intake Questionnaire



1. In the past three years, what is the longest:
 - a. you lived at one residence – why did you end up moving?
 - b. intimate relationship you've had – why did the relationship end?
 - c. you've worked at one place – why did you move on?
 - d. you went to the same school – why did you leave?
 - e. you were clean/sober – what triggered your last relapse?
 - f. you went without sleep – what was the cause of this disruption?
 - g. you went without eating/drinking – what was the cause of this disruption?
2. What, if any, are some of your known and/or common triggers?
3. What is helpful when you are being triggered? What is NOT helpful?


16

Transportation Form



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Transportation Form



Reliable transportation is a key piece to being able to work consistently. We want to make sure you are able to arrive on time and get back home safely. Please complete the following form with your transportation plan.

Select All That Apply:

- I am driving myself in my own vehicle.
- I am driving myself in a friend/family member's vehicle.
- I am getting a ride from a friend/family member.
- I am walking.
- I am riding a bike.
- I am taking the bus.
- I am taking a cab/Uber/Lyft.

I need to leave my house approximately _____ minutes before my scheduled shift in order to arrive on time.

My transportation costs (fuel, fee, pass) \$____ per week.

I receive transportation assistance (check any that apply):

- Fuel voucher through DHS
- Bus pass voucher through DHS
- Fuel/Bus pass through local agency (please name agency: _____)

In the event I am not able to use my primary means of transportation, my back-up plan is:

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Permanent Mailing Address

19



Headshot & Bio

20



Technology Needs Assessment

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What to Expect the First Day

— THE —
AVERY
— CENTER —
