



KINGSPORT HOUSING & REDEVELOPMENT AUTHORITY



## Request for Community Supportive Services

• Please fill out the form and print, or simply print and fill out by hand.

• Return the form by mail or drop-off at:

**HOPE VI / FreshStart Program**

1140 Martin Luther King, Jr. Drive • Kingsport, TN 37662

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

### *My Goal is:*

- \_\_\_\_\_ Full-time Employment
- \_\_\_\_\_ Full-time Student
- \_\_\_\_\_ Part-time Employment & Student

### *Are you currently employed?*

- \_\_\_\_\_ Full-time
- \_\_\_\_\_ Part-time
- \_\_\_\_\_ Unemployed

### *If selected to participate, what support would you need?*

*\*(This is not binding, we use it for information purposes only)*

- \_\_\_\_\_ Childcare
- \_\_\_\_\_ Transportation
- \_\_\_\_\_ GED
- \_\_\_\_\_ Job training
- \_\_\_\_\_ Job search assistance
- \_\_\_\_\_ Job placement
- \_\_\_\_\_ Career counseling
- \_\_\_\_\_ Other

### *What time of day would be best for you to participate in orientation?*

- \_\_\_\_\_ Day-time (*Before 5pm*)
- \_\_\_\_\_ Evening (*After 5pm*)