What YESS Can Do For You....

• Financial assistance with education
• Textbooks and other class supplies
• Career counseling and support
• Job shadowing
• Paid work experience
• Financial assistance with work attire
• Emergency services
• Referrals to programs

Eligibility to Participate....
(Eligibility does not promise enrollment)

• 16-24 years old (in-school 16-21)
• Lancaster & Saunders County
• Eligible to work in the U.S.
• Must meet one of the following
  o Pregnant or parenting
  o Low income
  o Homeless
  o Documented disability
  o English Language Learner
  o Aged out of foster care
  o High school drop out
  o Criminal record
  o Below grade level in math or reading

For more information or to learn how to apply, contact YESS at (402) 413-9236
You can also email nicole.sittner@rescare.com or erica.shane@rescare.com
Or come in to The American Job Center located at 1111 O Street, Suite 205 (inside SCC Energy Square)
ResCare YESS Program Pre-Application

First Name _______________   Last Name _________________________   Age _______

Date of Birth ______________

Address _______________________________________________________________________________________

Phone number _______________   Alternate Contact phone number _______________

Email address __________________

What are your long-term career goals? ________________________________________________________________

__________________________________________________________________________________________

How can the YESS Program help you achieve your goals?

__________________________________________________________________________________________

Current Education Status

___ High school student
___ GED student
___ College student

___ Not attending school, high school graduate
___ Not attending school, high school drop out
___ Other _____________________________

Current Employment Status

___ Full time
___ Part time
___ Not working

Citizenship status

___ US Citizen
___ Eligible to work in the US
___ Other _________

Do You Receive:

___ ADC/TANF
___ SNAP (Food stamps)
___ Free or reduced school lunch

___ General Assistance
___ Refugee Cash Assistance
___ Other

Are you:

___ Pregnant
___ Parenting
___ Homeless

___ Foster Child
___ Offender
___ Individual with a disability

___ Low income
___ English Language Learner

How did you hear about us? ________________________________________________________________

Applicant’s Signature _____________________________   Date __________

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Call (402) 413-9236 with questions