



## Voucher Eligibility Form

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

Date: \_\_\_\_\_

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

Goodwill Store Location: \_\_\_\_\_

**(Seeking additional services please mark bellow any that apply)**

### Additional Resources:

- |  |                         |                          |
|--|-------------------------|--------------------------|
| <input type="checkbox"/> Job Readiness:          | Child Care Services     | <input type="checkbox"/> |
| <input type="radio"/> Resume Building            | Emergency Shelter       | <input type="checkbox"/> |
| <input type="radio"/> Job Leads                  | Transportation Services | <input type="checkbox"/> |
| <input type="radio"/> Interviewing Skills        | Low Income Housing      | <input type="checkbox"/> |
| <input type="radio"/> Communication/ Networking  | Utility Assistance      | <input type="checkbox"/> |
| <input type="checkbox"/> Digital Skills Training |                         |                          |

Other Services: \_\_\_\_\_

(Document should be emailed to Kayla Tester, ReEntry Program Manager, at [kayla@goodwilltnva.org](mailto:kayla@goodwilltnva.org))