

_____ County Department of Social Services

To: Employment Security Commission (ESC)

From: _____

Date: _____

Re: Work Registration

The following individual has applied for assistance through the Work First Program. Please register the individual for work with ESC.

Individual's Name: _____ **SSN: XXX-XX- _ _ _ _**

Address: _____

Date of Mutual Responsibility Agreement Plan of Action: _____

Comments: (Indicate whether supportive services have been arranged and identify the specific services. Also indicate if supportive services are needed but are not yet arranged.)

Please don't hesitate to call _____ at _____ if there are any questions.