**FreeneyRCS**

**FREENEY REHABILITATIVE CAREER SERVICES, LLC**

**TICKET TO WORK PACKET**

Please read and sign each form and return all paper work back to FreeneyRCS in the mail at the following address:

**FreeneyRCS**

457 Laurence Dr. Ste 407

Heath, TX 75032

Office: 214-683-7230

Please initial each line to complete all forms and return in the following order.

1. \_\_\_\_\_\_\_\_ FreeneyRCS Ticket To Work Intake Form
2. \_\_\_\_\_\_\_\_ IWP (Ticket To Work to be assigned to FreeneyRCS organization) signed

 And date.

1. \_\_\_\_\_\_\_\_ Ticket To Work Validation Statement
2. \_\_\_\_\_\_\_\_ Program Commitment Letter Ticket To Work
3. \_\_\_\_\_\_\_\_ Branding You!
4. \_\_\_\_\_\_\_\_ Client confidentiality Statement
5. \_\_\_\_\_\_\_\_ Consent for Release of Information Form 3288
6. \_\_\_\_\_\_\_\_ Client Employment Information History (Complete form)
7. \_\_\_\_\_\_\_\_ Photo Copy of ID (Please copy photo copy of driver’s license or picture ID)
8. \_\_\_\_\_\_\_\_ WIPA (FreeneyRCS will provide WIPA Counseling at start of employment)
9. \_\_\_\_\_\_\_\_ FreeneyRCS Business Card (Keep this card for your EN contact information)

Please return all forms back to FreeneyRCS which you have read, sign and dated.

Thanks,

FreeneyRCS

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