

**TO:** ESC - First Stop Employment Assistance Program

**FROM:** \_\_\_\_\_

\_\_\_\_\_ County Department of Social Services

**RE: Addition of First Stop Indicator**

The following individual is registered for work with ESC. He/She has subsequently applied for assistance through the Work First Program. Please change the First Stop Indicator to reflect this change in status.

Please don't hesitate to call me at \_\_\_\_\_ if you have any questions.

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**Individual's Name:** \_\_\_\_\_

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

**Social Security Number:** \_\_\_\_\_

**Date of Work First Application:** \_\_\_\_\_

**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.)

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