***Tell Us Your Story***

Department of Social Services is gathering success stories from providers (such as Community Colleges, Community Action Agencies, etc.) and participants to share. These stories encourage others in similar situations to take advantage of these opportunities and understand the powerful impact to lives and families. If you have a story to share, please complete the information.

Name of person who found success through the program: Click or tap here to enter text.

Date of birth of successful person: Click or tap here to enter text.

Current zip code of successful person: Click or tap here to enter text.

Name of program: Choose an item.

Program location: Choose an item.

Story submitted by: Click or tap here to enter text.

Individual to contact with questions: Click or tap here to enter text.

We may contact you for more information or clarification. Do you want us to contact you by phone or email? Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email: Click or tap here to enter text.

Feel free to include as many details as you would like to. You don’t have to answer all of the questions if you don’t want to, but it helps us tell your story. More is better as the story paints a picture – and then we will also want a picture or a video. If this is being completed by someone other than the participant, the answers need to be from the participant.

How were things before the program? Click or tap here to enter text.

Do you have kids or other people in your life you would like to tell us about? Choose an item.

If yes, who/what? Click or tap here to enter text.

When did you start the program? Click or tap to enter a date.

How did you hear about the program? Click or tap here to enter text.

What motivated you to start the program? Click or tap here to enter text.

What did you do in the program? Click or tap here to enter text.

Did you get any certificates, diplomas, or training? Choose an item.

If yes, what kind? Click or tap here to enter text.

How was the program? Click or tap here to enter text.

Are you still in the program? Choose an item.

If yes, when do you expect to finish the program? Click or tap here to enter text.

If no, what date did you finish the program? Click or tap here to enter text.

Who helped you? Click or tap here to enter text.

How did they help you? Click or tap here to enter text.

What type of help did you get? Click or tap here to enter text.

How did this change your future or future plans? Click or tap here to enter text.

Has anyone in your life noticed a change or difference since you started the program? Choose an item.

If yes, please tell us more. Click or tap here to enter text.

If no, move to next question

Did you get a job? Choose an item.

If yes, Where are you working? Click or tap here to enter text.

How often are you paid? Choose an item.

Do you make more money now than you did before? Choose an item.

If you make more now, how does this new income help you better support yourself and/or your family? Click or tap here to enter text.

Do you get benefits? Choose an item.

If yes, what type of benefits? Choose an item.

Were you working before? Choose an item.

If yes, where were you working? Click or tap here to enter text.

Why don’t you work there anymore? Click or tap here to enter text.

How often were you paid? Choose an item.

Did you get benefits? Choose an item.

If yes, what type of benefits? Choose an item.

Is there anything else you would like us to know?Click or tap here to enter text.

**Thank you for taking your time to share your success with us and giving others hope for their future through your story.**



Michael L. Parson, GOVERNOR • ROBERT J. KNODELL, DIRECTOR

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Print Name

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Signature

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Date

auxiliary aids and services are available upon request to individuals with disabilities

TDD / TTY: 800-735-2966

RELAY MISSOURI: 711

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