



## SUBSIDIZED EMPLOYMENT CONTACT INFORMATION

Each worksite is required to maintain emergency contact information on every Workforce Solutions Texoma Subsidized Employment participant. Please complete the following form and return the completed form to your supervisor.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Address, City, State, & ZIP

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell or Alternate Phone Number

Please list the names, addresses, & telephone numbers of 2 people who need to be contacted in case of an emergency.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Best phone number to reach this person during your work time.

\_\_\_\_\_  
Best phone number to reach this person during your work time.

\_\_\_\_\_  
Another phone number

\_\_\_\_\_  
Another phone number

Supervisors, please retain the completed form in your Supervisor Orientation Binder that you received from Workforce Solutions Texoma.