ILSP Eligible yes ____ no ____ by ____

THP+ Eligible yes ____ no ____ by ____

Case Manager _____

Date Assigned _____

Project HOPE Employment Training Referral Form

REFERRAL INFORMATION

Referred By: ❑ CWW ❑ DPO/Probation Officer ❑ ILSP ❑ Emancipation Conference
❑ Self Referred ❑ PHN (Public Health Nurse) ❑ Other

Name & Title: _____ Referral Date _____

Phone: _____ Fax: _____ Email: _____

YOUTH INFORMATION

Name of Youth: _____ Age: _____ DOB: _____/_____/_____

Last Four Digits Of SSN: _____ Gender: ❑ M ❑ F Ethnicity: _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

If applicable: ❑ Single Parent ❑ Pregnant If youth has children, how many are living with them? _____

Currently In Care? ❑ Y ❑ N If yes, where? _____

Dependency/foster/group care? ❑Y ❑ N CWW _____ Phone: _____

Juvenile Probation? ❑ Y ❑ N Probation Officer _____ Phone: _____

In Placement at age 16 or 17? ❑ Y ❑ N If yes, where?_____

Where was the youth living at emancipation/age out? _____

In School? ❑ Y ❑ N F/T P/T Grade Level: _____ School Name: _____

High School Diploma? ❑Y ❑ N GED? ❑ Y ❑ N Enrolled in college/vocational school? ❑ Y ❑ N

Check if applicable to this youth:

- ❑ Currently homeless
- ❑ Currently on probation
- ❑ Current ILSP participant
- ❑ Authorized to work in the U.S.
- ❑ Registered with Selective Service
- ❑ Has work permit (if under 18)
- ❑ Has California ID
- ❑ Has drivers license
- ❑ Has original birth certificate

YOUTH EMPLOYMENT NEEDS

- ❑ One-Stop Career Center Info
- ❑ Vocational Education Info
- ❑ Job Corps Info
- ❑ Leadership Development
- ❑ Guidance & Counseling
- ❑ Paid or Unpaid Work Experience
- ❑ Tutoring, Study Skills Training
- ❑ Needs To Return To School
- ❑ Needs Work Readiness Skills

Transportation Resources (circle):
BART Bus
Own Vehicle _____

To meet the residency and eligibility requirements of participating programs, please initial and fill-in the statements below.

I certify that _____ (name) is _____ (age) years old and that he/she is a resident of _____ (name of city). Initial _____

I certify that _____ (name) is a current/former foster youth and that the information provided above is true to the best of my knowledge.

Signature _____ Date _____

Please fax this referral form to Betty Jo Reuben at (510) 667-7639, *email bettyjo@beyondemancipation.org*
Beyond Emancipation, 675 Hegenberger Rd., Ste. 100, Oakland, CA 94621-1973 - main telephone: (510) 667-7694
Contact Betty Jo on her direct line at (510) 667-7636 to learn more about our partners' job readiness and employment programs.