



Young Adult Reentry Project

YOUNG ADULT REENTRY PROJECT REFERRAL FORM



Please complete this form with as much detail as possible to help us understand the participant's background and needs. The information provided will be used to assess eligibility and tailor the support offered by the Young Adult Reentry Project. If you have any additional information or documents that could aid this assessment, please attach them with this referral form.

INSTRUCTIONS FOR REFERRER:

If available, please submit scanned copies of the following eligibility verification documents in addition to this referral form: birth certificate; social security card; and driver's license or state identification card. The referral partner must submit documentation of justice involvement in addition to this referral form. See below for acceptable documentation of justice involvement.

JUSTICE-INVOLVEMENT STRATEGY

Justice-involvement is defined as any formal incarceration that led to a significant disruption of normal life activities, regardless of convictions resulting from the charges. Reentry Coordinator will verify and document justice involvement through the following means:

- Verification from probation/ parole (email, telephone, etc)
- If incarcerated at Allegheny County Jail a jail sheet (OMS) or verification form staff (reentry staff etc)
- If juvenile detention center, verification from staff

PLEASE FILL OUT THE FORM ON THE NEXT PAGE

REFERRAL DATE

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Referring Organization/Individual: _____

Contact Information of Referrer (Phone and Email):

PERSONAL INFORMATION

Full Name of Participant: _____

Gender: Male Female

Date Of Birth

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Address: _____

Phone: _____ Email: _____

Emergency Contact Name: _____

Relationship: _____ Contact: _____

BACKGROUND INFORMATION

Brief Description of Involvement with Juvenile/Adult Criminal Justice System:

Current Legal Status (e.g., on probation, parole, charges pending):

Current Legal Status (e.g., on probation, parole, charges pending):

EDUCATION AND EMPLOYMENT HISTORY

Highest Level of Education Completed: _____ Previous Work Experience: _____

Career Interests or Goals:

SUPPORT NEEDS

Does the participant have any immediate needs? (e.g., housing, food, mental health support):

Any known barriers to employment or education (e.g., transportation, childcare, disabilities):

PROGRAM SUITABILITY AND GOALS

Why do you believe this individual is a good fit for the Young Adult Reentry Project?

What are the participant's goals or expectations from the program?

PROGRAM SUITABILITY AND GOALS

Has the participant consented to this referral and the sharing of this information? Y N

Referrer's Signature: _____ Date: _____

-----FOR OFFICE USE ONLY-----

Received By: _____ / _____ / _____ Date Received: _____ / _____ / _____ Initial Assessment Date: _____ / _____ / _____

Assigned Case Manager: _____