 COALITION FOR ENGAGED EDUCATION

**NEW PROGRAM PARTICIPANT REFERRAL FORM**

**Date of Referral:**

**CLIENT INFORMATION**

Youth Name:      Date of Birth:

Primary Phone Number:      Primary Email:

Address:

# City:      State:      Zip:

# Name of Shelter or Housing Program (if applicable):

Homeless (no address)

# 

# 

# RSO (Registered Sex Offender) Status – under CA Penal Code 290

Current RSO

Previous RSO

Not RSO

Pending/open case

# DEMOGRAPHIC INFORMATION

**Youth Lives With:**

Currently Homeless

Biological Parents

Relatives

Spouse or Partner

Friends

Lives Alone

DCFS Placement

Housing Program

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Primary Language

## English

Spanish

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race & Ethnicity:**

African American/Black

Caucasian

Asian

Native Hawaiian or Pacific Islander

Latinx/Hispanic

Native American

Bi/Multi-Racial Latinx

Bi/Multi Racial Non-Latinx

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Secondary Language

## English

Spanish

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender Identity**

Male

Female

Non-binary/gender non-conforming

Prefer not to say

**Does the youth identify as trans?**

Yes

No

**Does the youth identify as a member of the LGBTQA community?**

Yes

No

**Academic Status**

Currently in middle school

Currently in high school

Completed HS Diploma/GED

Currently in college or university

Completed college or university

**Employment Status**

Employed – Full Time (30+ hours)

Employed – Part Time (under 30 hours)

Employed – Paid Internship

Unemployed

**PROGRAM ENROLLMENT**

**C/HOPE**

Currently incarcerated or in camp & due to be released on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (enter date)

Previously incarcerated

Currently on probation or parole

Previously on probation or parole

Open case

At risk of becoming justice-involved

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C/FORWARD**

Currently in foster care

Previously in foster care

Currently under AB-12

Current open DCFS case

Adopted

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

# Name(s):      Relationship: If, *Other*:

# Primary Phone:      Email:

# Address:

# City:      State:      Zip:

# Primary Language: Secondary Language:

# PARENT / GUARDIAN INFORMATION

# Name(s):      Relationship: If, *Other*:

# Primary Phone:      Email:

# Address:

# City:      State:      Zip:

# Primary Language: Secondary Language:

**SERVICES NEEDED**

## Health & Wellness

Hygiene Supplies

Mental/Emotional/Behavioral Health services

Dental Health services

General Physical services

STD/Hep-C testing & services

Alcohol & Substance Use Peer Support

Locating/Accessing Medical-only Treatment (ex. clinic, hospital)

Locating/Accessing SUD-only Treatment (ex. rehab, AA meeting)

Conflict Resolution

Pre/post-natal care

Other:

**Personal**

Food & Meals (incl. food gift cards)

Other Essential Needs (clothing, baby supplies, hygienic items, etc)

Tattoo Removal

Financial Literacy/Assistance

Other:

**Social Benefits & Services**

Apply to social benefits

Apply for vital records (ex. birth certificate, SSN card, DL)

Obtain medical records

DPSS visit

DMV visit

Other:

**Transportation**

Provide Non-Medical transportation

Provide transportation to Medical appointments

TAP Card

Other:

## Legal Services

Juvenile/Custody Meeting

Probation Housing Placement Visit

Immigration

Record Expungement

Court Support

Probation Support

3rd Party Legal Advocate/Support

Family Law/Custody

GTS Services

Raids

Other:

## Education

K-12 Registration

HS Diploma/GED

Higher/Voc Ed Enrollment

Materials & Supplies (textbooks, laptop, etc.)

Financial Assistance (FAFSA, scholarships, etc.)

General Education Support

Other:

**Employment**

Job Development

Job Search/Career Exploration

Work Applications

Resume & Cover Letters

Interview Assistance

Job Retention Support

Work Clothing (ex. uniforms, work boots, etc.)

Other:

## Housing

Housing Expenses

Housing Search/Application

Section 8 Application

34th Street Housing Program

Emergency Housing

Other:

**REFERRAL SOURCE**

# Name(s):      Relationship: If, *Other*:

# Primary Phone:      Email:

# How did you learn about Coalition for Engaged Education?

**PLEASE SUBMIT ALL REFERRALS TO** [**referrals@c-youth.org**](mailto:referrals@c-youth.org)

**We will respond back within 72 hours**