 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**

 **We will respond back within 72 hours**