



- ICM
- Street Outreach
- Crisis Response Network
- CCNI
- B:E Internal Referral
- B:E Partner Agency

Referral Services Form

Date of Referral: _____

Client Name: _____ DOB: _____

Address: _____

Phone: _____ VM Ok? Alternate Phone: _____ VM Ok?

Email(s): _____

Preferred Method of Contact: Phone Call Text Email Other:

Preferred Language: _____

On Probation/Parole (circle one) PFN#: _____ CDCR#: _____

Referring Agency: *Beyond Emancipation*

Referring Agency Staff Contact: _____

Phone: _____ Email: _____ Cell: _____

Best Method and Time to Reach Agency Staff: _____

Service Requested: _____

Referral To: Beyond Emancipation's ELEVATE Employment Program

Contact Name: *Caitlin Grey, ELEVATE Employment Coordinator*

Phone: *510-667-7627* Email: *cgrey@beyondemancipation.org* Fax: _____

Referral Confirmation and Follow-up

Date of Confirmation: _____ Date of Follow-up with referring agency: _____

Contact Name: _____

Checklist to determine if participant is ready for referral to employment services

Documents for I-9 (expected to be complete for case managed participants)

- 1. State Issued ID (Cal ID or Driver's License)
- 2. Social Security Card (or letter from Social Security Office verifying SSN as placeholder) OR
- 3. U.S. Passport

Drug Use

- Willing and able to pass a drug test, if required (**not required**)
- Aware that a Medical Marijuana Card does not apply for employment purposes

Time Management

- Participant is making all case management appointments (or makes contact in advance to reschedule)
- Participant is on time to appointments Other

Factors to Discuss Before Referral

- Aware that child support payments/arrears may impact pay
- Housing is stable
- Transportation needs addressed (e.g. Clipper Card)

Eligibility

Please answer the questions below about the youth to the best of your knowledge to determine eligibility for the ELEVATE Employment Program.

Is or has the youth been on probation? Y ___ N___ I don't know__

If they are or have been on probation, is or was it for a violent incident? Y ___ N___ I don't know__

In what zipcode does the youth spend most of their time? _____ I don't know__

**Has the youth or a close friend or family member been involved in a violent incident in the last year?
Y ___ N___ I don't know__**

On a scale of 1 to 4 with 1 being not at all and 4 being very, please rate how much you feel the youth is affected by or at risk of gun violence. If you do not know, leave question blank.

1	2	3	4
(not at all)	(not much)	(somewhat)	(very much so)

On a scale of 1 to 4 with 1 being not at all and 4 being very, please rate how much you feel those close to the youth are affected by or are at risk of gun violence. If you do not know, leave question blank.

1	2	3	4
(not at all)	(not much)	(somewhat)	(very much so)

Is there anything else you'd like to tell us about the youth's experience with violence in Oakland?
