

# Wood County Educational Service Center Youth Empowerment Project



## REFERRAL FORM

Name:		Date:	
Parent/Guardian's Name (if applicable):			
Address:			
City:	State:	Zip:	
County:	Phone:		
Email:			
Date of Birth:	Age:		

### Eligibility Information

<u>TANF</u>	<u>WIOA</u>
<input type="checkbox"/> Youth is under the age of 18 <input type="checkbox"/> Youth is over 18 and lives in a home with a minor <input type="checkbox"/> Youth is pregnant <input type="checkbox"/> Youth is a parent (even if child does not live with them) <input type="checkbox"/> Youth's household receives Food Stamps or Public Assistance <input type="checkbox"/> Youth's estimated monthly <i>household</i> income _____ <input type="checkbox"/> Youth's estimated monthly <i>individual</i> income _____	<input type="checkbox"/> Youth is attending secondary or post-secondary school _____ <input type="checkbox"/> Youth is not attending any school <input type="checkbox"/> Youth is age 14-24 <input type="checkbox"/> Youth does not have a secondary school diploma or equivalent <input type="checkbox"/> Youth is involved with the legal system (court/probation...) <input type="checkbox"/> Youth is homeless <input type="checkbox"/> Youth is/was in foster care <input type="checkbox"/> Youth is pregnant or parenting <input type="checkbox"/> Youth has an IEP or other documented disability <input type="checkbox"/> Youth's estimated most recent 6 month <i>household</i> income _____ <input type="checkbox"/> Youth's estimated most recent 6 month <i>individual</i> income _____

### Services Requested (Please check all that apply)

- Educational Services (Credit Recovery/tutoring services/GED)
- Employment Services (career exploration/employment readiness training/short-term work experience/employment search)
- Essential Skills Training (Keys to Success program/community service and leadership opportunities)
- Occupational Skills Training (MSSC/truck driving, nurse's aide, etc...)
- Guidance and Counseling (mental health/substance abuse support and referral)
- Supportive Services

#### For Office Use Only:

Name and relationship of referring party:	How referred (event/school meeting/word of mouth...):
Outcome of referral: <input type="checkbox"/> Determined eligible/Program _____ <input type="checkbox"/> Determined not eligible	