



KIDS HOPE ALLIANCE
The Jacksonville Partnership
for Children, Youth & Families

Career Connect Referral Form

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION ON BEHALF OF THE REFERRED YOUTH.
THE INFORMATION ON THIS FORM WILL REMAIN CONFIDENTIAL UNLESS OTHERWISE SPECIFIED.

Program Desired:

GED Workforce Certification GED & Workforce Certification Career Certificate

Personal:

Name: _____ SS#:(Last four digits) _____

Phone: () _____ Email Address: _____

Address: _____

Street Address

Apt#

City

Zip

Date of Birth: _____ Age: _____ Place of Birth: _____
(City, State)

Parent/Guardian or Emergency Contact Information:

(Required if the youth is age 16-17)

Name: _____ Phone: _____

Email Address: _____

Preferred method of contact: phone email text

Ethnicity: Black or African American Caucasian Native American Hispanic or Latino Asian or Pacific Islander More than One Race

Other _____

Gender: Male Female Other

Partner Agency Information:

Name of Partner _____

Name of Person Making Referral: _____

Contact information: _____

Reason for Referral:

Highest Level of Education Completed:

HS Diploma GED Does not have a High School Diploma or GED

What was the last high school you attended? When? _____

What is the last grade you completed? _____

Are there any substantial barriers to training and/or employment?

Check all that apply: Childcare Transportation Funding Disability Other (Please explain in the space provided)

Background Information:

1. Have you ever been convicted of a misdemeanor (M) and/or felony (F)? Yes No
2. Are you participating in a diversion program? Yes No

If yes, please list offenses and dates:

Charge/Offense	Dates

*****Please note that information about prior offenses is intended for FSCJ staff only. This information will not be disseminated to any other party. Disclosure of prior offenses does NOT bar admission to the FSCJ Career Connect program. *****

I have read and understand all aspects of this form. Further, I attest that all of the information I provided on this form is accurate to the best of my knowledge. By signing this document electronically is considered completing your signature by hand.

Referral Source's Signature: _____ Date: _____