



Reengagement Initiative Referral Form

Phone: 240-499-8949

Email: Re-engagment@lead4life.org

Date of Referral _____

Name of Referral Source _____ Agency _____

Phone Number _____ Email _____

Reason for Referral (Select all that apply)

- GED Prep
- High School Diploma
- Workforce Development

Does client have access to public transportation? Yes NO

How did you hear about us? _____

Youth Information

Client Name _____

Date of Birth ___/___/___

Gender Male Female Non-binary Transgender Other

Preferred Pronoun: _____

Race: _____ Ethnicity: _____

- Alaska Native/American Indian
- Asian
- Black/African American
- Hispanic/Latino
- Multiracial
- Native Hawaiian/Pacific Islander
- White
- Other _____

Client Contact Information:

Street Address _____

City _____ State _____ Zip Code _____

Cell phone _____ Email _____

Current Living Situation

- | | |
|---|---|
| <input type="checkbox"/> Private Residence | <input type="checkbox"/> Inpatient Facility |
| <input type="checkbox"/> Foster Home | <input type="checkbox"/> Homeless Shelter |
| <input type="checkbox"/> Residential Facility | <input type="checkbox"/> Group Home |

Educational Information

Last grade completed: _____ **Last school attended:** _____

Did the client have an IEP? Yes No

Did the client have a 504 Plan? Yes No

Briefly describe individual's educational goals.

Employment Information

Does the client have previous employment experience? Yes No

Describe any challenges or barriers experienced with previous employment (if applicable):

Briefly describe individual's employment goals:

- **Is the individual interested in competitive employment and have a desire to work in the community?** Yes No
- **Does the individual need ongoing help to choose, obtain, maintain, or advance in employment?** Yes No
- **If the individual is employed, do they need help maintaining their job?** Yes No
- **Has the client been referred to DORS?** Yes No

Date referral reviewed ____/____/____

Staff name _____