

ORANGE COUNTY DEVELOPMENT BOARD YOUTH PROGRAM

Referral Form

Please mail or fax this form to:

OCAPICA | 12912 Brookhurst St. Ste. 420 Garden Grove, CA 92840 | Ph: 714-636-9095 or 714-867-6698 | Fax: 714-636-8828

CONFIDENTIAL INFORMATION

Date: _____

Referring Person or Agency: _____ Phone #: _____

Applicant Name: _____ Gender: _____

Applicant Phone #: _____ Cell #: _____ Age: _____ DOB: _____

Applicant's Parent/Guardian/Support Name: _____

Parent/Guardian/Support Phone #: _____

Has Participant been notified that a WIOA staff will contact them? Yes _____ No _____

What are the Participant's **immediate needs** (i.e. housing, food, therapy, medication, employment, etc)?

Education Status:

Out-of-School, H.S. dropout

Attending Adult School

Out-of-School, H.S. graduate, employment difficulty

MUST live within listed cities:

- _____ Buena Park, Cypress, La Palma, Los Alamitos, Stanton, Westminster
- _____ Costa Mesa, Fountain Valley, Huntington Beach, Seal Beach
- _____ Garden Grove, Orange, Villa Park
- _____ Irvine, Newport Beach, Tustin
- _____ Lake Forest, Mission Viejo, Rancho Santa Margarita

Living Arrangements

- _____ Parent / Guardian
- _____ Homeless
- _____ Hotel
- _____ Apartment / R&B
- _____ Couch to couch
- _____ Other: _____

Priority Target Groups

_____ Age 16-24

_____ Low income individual

AND

One or more of the following:

- _____ Disabilities including learning
- _____ Foster child / Emancipated Foster Youth
- _____ Pregnant or a parent
- _____ Probation / parole
- _____ Homeless/Runaway
- _____ Individual who *requires additional assistance* to complete an educational program, or to secure and hold employment

For Office Use Only

Date Referral Received: _____

Date Contacted: _____

Additional Notes: _____
