Next Step Employment Program

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REFERRAL FORM: TRAINING & EMPLOYMENT SERVICES

The Next Step Employment Program helps individuals obtain and sustain employment in a variety of industries.

Client Information	
Client Name:	Today's Date:
Current Address:	Phone #:
E-mail Address:	Date of Birth / /
Gender: Client Preferred Pron	ounPrimary Language:
Proficient in English? ☐ Yes ☐ No	
•	tial information release?
Refer	ral Source Information
Name of Referring Agency:	
	Referral Title:
	E-mail:
Next Step should contact: ☐ Client Directly ☐ Referral Contact	
Benefits History - Check if client is currently recorded SSI □ SSDI □ Medicaid □ Medicaid □ Housing Allowance □ Safety Net □ TANF 19 Documentation: Check all that apply for 19 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	re □ Other Health Insurance □ SNAP (Food Stamps) □ Cash Assistance/Welfare □ Other Documentation □ IDNYC □ Social Security Card
Education History - What is the highest grade con	mpleted?
Applicable certificate/ degree: ☐ GED/ HSE ☐	High School Diploma □ College Degree □ Other:
Client Covid Vaccination Status: ☐ Fully Vaccin	nated ☐ Partially Vaccinated ☐ Not Vaccinated
Medical History: Check if client is currently expo	eriencing or has a history of the following:
☐Mental Health Diagnosis (DSM IV-Axis 1)	
\square Substance Use (Clients must be sober for at least	st 30-90 days before enrolling in Next Step Program)
Note that the Substance Use do	es not apply to clients being referred for ACE Services
Is the client on medication? Yes No I If yes, list medications: ACCES-VR (formerly VESID): Is the client current.	s the client adherent to their medical treatment? Yes No rently enrolled with ACCES-VR Services? Yes No
Has the client ever been enrolled with ACCES-VI	•

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PLEASE CHECK THE REQUESTED NEXT STEP EMPLOYMENT PROGRAM SERVICE(S):

Email completed referral form to: nextstep@projectrenewal.org