



YOUTH DEVELOPMENT SERVICES REFERRAL FORM

Please complete this form to determine eligibility in the Youth Workforce Program. Submitting this referral form **DOES NOT** mean acceptance into a Youth Development Services Program. Eligible applicants will be notified.

Name _____ Age _____ Date of Birth _____
First Name Last Name

Address _____
Street Number City State Zip Code

Phone number (____) _____ Email Address _____

Gender Identity Female Male Transgender Female Transgender Male Non-conforming Prefer not to answer Not listed _____

1. Citizen of U.S. _____ Non-citizen, permitted to work in the U.S. _____

2a. Ethnicity:
 No, not Hispanic or Latino _____ Yes, Hispanic or Latino _____

2b. Race (check all that apply):

Native American Vietnamese Black or African American
 Chinese Samoan White
 Japanese Filipino Other Asian _____

3. Preferred spoken/written language _____ Language Interpretation services needed? _____

4.

Currently enrolled in high school	Yes	No	If yes, please specify school and grade:
Completed High School Diploma or GED	Yes	No	If yes, please specify date of completion:
College	Yes	No	If yes, please specify school and year:
Last school attended:		Date last attended:	

5. Please check all that apply to you:

Youth with disability/I.E.P./504 Plan Homeless or Runaway
 Justice involved youth Currently in Foster Care
 Young parent/Pregnant youth Aged out of Foster Care

6. Please check the reason(s) for referral:

GED/High school diploma or equivalent assistance Career counseling
 Post secondary guidance Occupational skills/advanced training
 Work experience Professional development

Referred by _____ Date _____
 Referral Agency _____ Phone (____) _____
 Email _____

STAFF USE ONLY			
<input type="checkbox"/> WCW	<input type="checkbox"/> Workability	<input type="checkbox"/> TPP	<input type="checkbox"/> WIOA
<p style="font-size: small;">Please complete and email, mail or fax to: Attn: Contra Costa County of Education Youth Development Services 77 Santa Barbara Road, Pleasant Hill CA 94523 DBaskerville@cccoe.k12.ca.us / (925) 942-3300 / FAX (925) 942 - 3490</p>			