



YES

Youth Employment & Education Services

Today's Date: _____ Youth's Name: _____

DOB: _____ ☐ Male ☐ Female Phone#: _____

Address: _____

City: _____ Zip Code: _____ County: _____

Youth being referred:

- | | |
|---|---|
| <input type="checkbox"/> Did not complete high school | <input type="checkbox"/> Complete High School |
| <input type="checkbox"/> No work experience | <input type="checkbox"/> Work experience |
| <input type="checkbox"/> Court involved | <input type="checkbox"/> Other: _____ |

Referral services requested:

- | | |
|--|--|
| <input type="checkbox"/> Job training/ Career advisement | <input type="checkbox"/> Education advisement/Counseling |
| <input type="checkbox"/> Social services/ Benefits | <input type="checkbox"/> Legal advocacy/ Support |
| <input type="checkbox"/> Other (list): _____ | |

Can Youth commit to a 5 week, Monday –Friday (9:30am-3:00pm) job training?

- ☐ Yes
☐ No, (explain) _____

Can Youth commit to 2 years follow up services?

- Yes
No, (explain) _____

Person submitting form: _____

Agency: _____

Contact phone#: _____ Email address: _____

Comments: