



Self-Referral Form

1. Date of Referral: _____/_____/_____
2. Referral Source Name: (self, family member, support worker, treatment provider, case manager, etc.): _____ a.
 How did you hear about our program? _____

3. Participant Information (*must be Hudson County resident for at least 6 mo.*):

Name: _____

Address: _____

Contact Information:

Phone: (____) _____ Email: _____

Preferred (safe) method of communication: _____ (i.e. cell/email)

Permission to leave a voicemail identifying agency? _____ Yes _____ No

4. Has your employment been directly affected by opioids? _____ Yes _____ No

Self Friend/Family Member (*relation*): _____

5. Date of Birth _____/_____/_____ Age: _____ Gender: _____

6. Primary language spoken: _____

7. Motivation for finding employment: _____

8. Services Interested in (Please check ALL that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Individual Employment Case Management | <input type="checkbox"/> Job Readiness/Employment Literacy | <input type="checkbox"/> Recovery Supports |
| <input type="checkbox"/> Job Training/ Certification | <input type="checkbox"/> Job Searching Assistance | <input type="checkbox"/> Resume/Cover Letter Assistance |
| <input type="checkbox"/> Resources/Linkages | <input type="checkbox"/> Self/Help | <input type="checkbox"/> Other: _____ |

9. What is your weekly availability for work/school?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
To							
From							

10. Are you willing to complete identified training/groups/individual job coaching and obtain employment? _____

11. Do you have reliable transportation? _____ Yes _____ No
12. Describe Living Situation: _____ Lives Independently _____ With Family _____ Boarding Home _____ Homeless
 _____ Boarding House _____ Half-Way/Sober Living/Respite

*If homeless, please specify (shelter, special response, car, etc.) _____

13. Source of Income _____ (i.e. wages, SSD/SSI, Pension, GA/TANF/SNAP/ABAWD, or unemployment)

Pathways to Success (P2S)

Referral Form Created on 06/2019

14. Are you eligible for any government entitlements? _____ Yes _____ No _____ Unsure
 (i.e. GA, TANF, SNAP, ABAWD)
15. SSD/SSI Eligibility: _____ Determined Eligible _____ Determine Ineligible _____ Potential Eligible
16. Total number of persons dependent on income? _____
17. Currently involved with mental health treatment? _____ Yes _____ No
 If yes, please specify: _____
18. Currently involved with substance use treatment? _____ Yes _____ No (i.e. detox, IOP, OP, MAT, or residential)
 If yes, please specify: _____
19. Have you ever served in the military? _____ Yes _____ No
 If yes, are you involved with Veteran Services? _____ Yes _____ No
20. Highest Level of Education: _____ (high school, bachelors, masters, vocational trade) If
 vocational trade, please specify: _____
21. Are you currently attending school? _____ Yes _____ No

22. I, _____, authorize _____ to release the above information to the Mental Health Association's (MHA) Pathways to Success Hudson County (P2S-HC) Program. I understand that a representation of P2S-HC will contact me prior to my participation in their program. All the information contained is accurate.

Participants Signature: X: _____ Signature of person making referral (if other than participant): X: _____	Date: _____/_____/_____ Name of person making referral: (please print) _____
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Please fax, mail or email referral to:

Prevention Links- Pathways to Success Hudson Attention: Victoria Vasquez 35 Journal Square Plaza, Suite 501, Jersey City, NJ 07306
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Phone: (908) 468 1679 Email: VVasquez@preventionlinks.org

Other comments/relevant information: _____

For Administrative Use Only:

Outreach Conducted on: ____/____/____ By (Initials): _____

Suitability Interview set for: ____/____/____ Suitability Interview Conducted on: ____/____/____

If SI conducted on different date than original date, explain: _____

Suitability Determination for P2R: _____

Orientation/IEP Intake Date: ____/____/____