



Citizen Circle/Community Referral Form

DEMOGRAPHIC INFORMATION		Date:
First Name:		Last Name:
Address:		
City:		County:
Your Phone or Contact Number:		
Family/Support Member and Phone Number:		
Email Address:		
Date of Birth:	Race:	Gender:
Release Date:	Release Type:	Institution:
Number:		Parole/Probation Officer:

WHAT AREAS DO YOU NEED HELP?
<input type="checkbox"/> Employment <input type="checkbox"/> Resume Assistance <input type="checkbox"/> CQE <input type="checkbox"/> CAE
Education:
<input type="checkbox"/> GED <input type="checkbox"/> Vocational Training <input type="checkbox"/> College
Marital/Family:
<input type="checkbox"/> Childcare <input type="checkbox"/> Child Support <input type="checkbox"/> Parenting Classes <input type="checkbox"/> Reunification/Family Support
Community Functioning:
<input type="checkbox"/> Housing <input type="checkbox"/> Budgeting <input type="checkbox"/> Veteran Assistance <input type="checkbox"/> Transportation/Driver's License
<input type="checkbox"/> AA/NA/CA
<input type="checkbox"/> Self Help Class/Program
<input type="checkbox"/> Pending Legal Issues
<input type="checkbox"/> Faith-Based Involvement
<input type="checkbox"/> Mentoring
<input type="checkbox"/> Other

By signing below, I **authorize** CITIZEN CIRCLE members in the county of your interest to receive the referral. All other specific information needed about areas of need will have to be completed on agency specific forms.

SIGNATURE OF PARTICIPANT	Date
SIGNATURE OF CIRCLE REPRESENTATIVE/ODRC STAFF	Date