



REFERRAL PACKAGE

Project Comeback is ACE's job-readiness training program for men and women with a history of homelessness. In order to be eligible for the program, the applicant must meet the following criteria:

1. Housing: All applicants must have a history of homelessness.
 - Applicant is living in a transitional therapeutic community for substance abuse rehabilitation; or
 - Applicant is living in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelter; or
 - Applicant is living with friends, family, etc. and is referred by and attending a therapeutic community for substance abuse rehabilitation; or
 - Applicant is living in a shelter that provides case management.
2. Sobriety: Project Comeback is a Clean and Sober Program.
 - Applicants must have a minimum of 30 days sobriety; and
 - If applicant has any history of substance abuse, s/he must be in either an inpatient or outpatient treatment program for the duration of Project Comeback.
 - We **do not** accept individuals on Methadone.
3. Criminal History
 - Applicant CANNOT have any violent or aggressive criminal history (e.g. rape, manslaughter, pedophilia, or any crime involving a weapon); and
 - Referral source must provide a detailed list of criminal history including the client's present parole officer's name and phone number.
4. Medical Form and Psychiatric History
 - Due to the moderate to heavy lifting and walking/standing over a 4-hour shift, Project Comeback will only accept the medical clearance and TB (PPD) form provided in the referral package (page 7); and
 - Applicants to the program on medication for an Axis 1 diagnosis must have six months documented stability on the medication; and cannot have had an inpatient psychiatric hospitalization in the last six months.
5. Client must be at least 21 years old.
6. **Client must be a Legal U.S. Resident. If possible, at time of intake, please send the client with identification i.e., N.Y. State issued I.D., Benefits Card, Social Security Card, Birth Certificate, etc.**

If you have any questions about these requirements or about Project Comeback in general, please call John Ellert, Intake/Case Management Coordinator at ext. 18 or Rachel Grinstein, Vocational Specialist at 212.274.0550 ext. 58, Thank You.

Referral Procedures

The following is a list of your responsibilities as a Referring Case Manager:

Referral Procedure:

- 1. You must complete the entire referral package in order to be considered, including release of information form (page 5).**
2. Fax pages 3, 4, 5, 6, and 7 to (212) 274-0886.
3. Upon receipt, the referral will be reviewed and verified and a background check will be conducted.
4. If the client meets the program criteria, an intake will be scheduled with the Intake/Case Management Coordinator. Following the intake, the client will be responsible for notifying the referring case manager of his/her start date.

Once client is accepted into the program, the Referring Case Manager is responsible for:

1. Maintaining contact with the Intake/Case Management Coordinator of Project Comeback to follow up on client progress as well as provide updates on client housing and treatment status.
2. Informing potential clients that Project Comeback is a job readiness/training program, not a placement agency and that clients are responsible for conducting their own job search with assistance from our Staff.
3. Providing support to clients on personal, vocational, educational and other issues including referral to outside job placement agencies when appropriate.
4. Meeting with clients on a monthly basis to review their progress in the program including reviewing their monthly progress report.

Referral Form

Name of Applicant: _____ Date of Application: _____

Alias: _____ Date of Birth: _____

Referred by: _____

Organization: _____ Phone: _____ Fax: _____
Name Title

Treatment Counselor: _____ Type of Program: _____

Housing Status: Check One Only

- Applicant is living in transitional housing for homeless persons who originally came from the streets or emergency center.
- Applicant is living in a transitional therapeutic community for substance abuse rehabilitation **with a history of homelessness.**
- Applicant is living with friends, family, etc. and is referred by and attending a therapeutic community for substance abuse rehabilitation.
- Application is living in a shelter that provides case management.

Other/Notes _____

Psychiatric History

Does the applicant have any mental health conditions? Yes No

If YES, please list: _____

Is the applicant currently taking any medications? Yes No

If YES, please list: _____

Sobriety: Project Comeback is a Clean and Sober Program

This applicant is considered to be clean and sober since: _____ (date).

Is the applicant in treatment for substance abuse? Yes No

Notes _____

Criminal History

Does the applicant have any criminal history? Yes No

If YES, list and describe all. (Use additional pages as necessary.) _____

Most recent police contact: _____

If YES, is this a violent or aggressive crime as described on Page 1 of this package?

Yes No Please initial → _____

Is applicant on Parole/Probation? Yes No

If YES, Please List PO Name and Phone number: _____

Notes: _____