



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 Director of Program Services at 212.274.0550, ext. 18 or Education & Vocational Specialist at 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 a 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: _____

Treatment Counselor: _____ Type of Program: _____

Amount of Time Applicant Has Left Residing at 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: _____

Has the applicant ever been convicted of a violent or aggressive crime as described on Pg. 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: _____

Residence & Treatment Verification

Please provide the requested information and fax it to Project Comeback at 212-274-0886.

(client's name): _____

has been residing at the following facility (name of facility): _____

since (enrollment date): _____

(address): _____

(telephone): _____ (fax): _____

(counselor's name): _____

(signature): _____ (date): _____

Project Comeback Treatment Program Verification

(client's name): _____ has been enrolled in

treatment with (program name): _____

since (enrollment date): _____ (clean and sober since): _____

(address): _____

(telephone): _____ (fax): _____

(counselor's name): _____

(signature): _____ (date): _____

**** Please attach client's schedule of treatment services****

Release of Information Form

I authorize (*NAME OF AGENCY to release information*) _____ to release my clinical information (psychiatric / medical / rehabilitation / social service / education / criminal history) to the program staff of **Project Comeback**. I understand that this information is used only to arrange services for me; is confidential; and is protected from disclosure. The extent or nature of information to be released is restricted to the following:

I also authorize staff at **Project Comeback** to share this information with the agency(s) listed below if / when I am referred to the agency(s) for service. These agencies may include; Project Renewal, C.S.S., Dress for Success, Career Gear, Legal Action Center, and any other agencies listed below. I understand that the agency(s) will maintain the confidentiality of this information and will not release it to any other agency or individual without my signed consent:

1. _____
2. _____
3. _____
4. _____

I understand that I have the right to cancel my permission to release information any time before it is released. I also understand that this consent to release information will expire when acted upon or 180 days from this date, whichever occurs first.

Signature of Client	Print name	Date signed
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Person Completing Form / Agency Name	Print name	Title	Date signed
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Referring Counselor / Agency Name	Print name	Title	Date signed
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Mandatory Substance Abuse Screen Agreement/Consent

I understand that Project Comeback has the right to conduct random drug screening on its workers/participants while enrolled in the program.

I also understand that this form permits the release of this information to my caseworker at the following agency:

Please print name / contact information of treatment agency:

Signature of Client

Print Name

Date Signed

Signature of Person Completing Form

Print Name

Title

Date Signed

Work Clearance/TB (PPD) Clearance

Client's Name: _____

We understand that the above-mentioned client has seen you in your capacity as a doctor. Before we can process his/her application, we need a doctor's clearance regarding his/her capacity to work as well as his/her Tuberculin Skin test or Chest X-ray. Should you have any questions regarding the above request, please feel free to call me 212-274-0550 x61. Thank you!
Jim Martin, Executive Director

Please complete the necessary information and return with client.

TB (PPD) Clearance

Mr./Ms. (client's name): _____ was seen by me on (date): _____

At (facility): _____

Client has received _____ PPD (strength): _____ on

Rt. forearm _____ Lt. forearm _____

Please return on (date): _____ so that test results can be read and recorded.

Given by _____ (CLR): _____ (date): _____

**Results (positive): _____ (negative): _____

(treatment): _____

Work Clearance

Mr./Ms. (client's name): _____ was seen by me

on (date): _____ at (facility): _____

He/she is in good physical condition and is able to participate in work related duties, without restrictions, that includes moderate to heavy lifting and walking/standing on his/her feet over a 4-8 hour time span.

(Doctor's signature): _____ (NYC LIC#): _____

(Please Print Name): _____ (Date): _____

Mandatory Criminal Background Check

Consumer Report/Investigative Consumer Credit Report Authorization Form:

To ensure strict adherence to criminal history criteria Project Comeback will conduct a criminal background check on all applicants. This information is gathered only for the purpose of ensuring compliance with Project Comeback referral criteria and will not be shared with any third party. Please go over the following with applicant and sign.

NOTIFICATION STATEMENT

This is to inform you that a consumer report or an investigative consumer credit report will be obtained from a consumer-reporting agency, for the purpose of evaluating you for enrollment in the ACE employment training and placement program.

This report may contain information bearing on your prior employment, military record, education, credit worthiness, credit standing, credit capacity, character, general reputation, criminal background, personal characteristics or mode of living from public record sources. You may also have a right to request additional disclosures regarding the nature and scope of the investigation.

A summary of your rights under the Federal Fair Credit Reporting Act, prepared by the Federal Trade Commission accompanies this Notification Statement.

AUTHORIZATION

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me to furnish ACE with any and all information in their possession regarding me in connection with my application for enrollment in their employment training/placement program. I agree that a photocopy or facsimile transmission of this Authorization can be accepted with the same authority as the original. Also, I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

Additionally, I have read the paragraph above notifying me that a Consumer Report/Investigative Consumer Credit Report will be requested and used for the purpose of evaluating me for enrollment in their employment training/placement program.

Staff person completing form: _____

Applicant name: _____

Applicant signature: _____

Date: _____

Social Security Number (for identification purposes only): _____

Tax ID Number (If applicant is an entity) _____

Other name(s) under which you have been known: _____

Mandatory Criminal Background Check

A Summary of Your Rights

UNDER THE FAIR CREDIT REPORTING ACT

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you—such as where you work and live, if you pay your bills on time, and whether you've been sued, arrested or filed bankruptcy—to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights in dealing with CRAs, and requires them to provide you with a summary of these rights as listed below. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681 et seq., at the Federal Trade Commission's Web site (<http://www.ftc.gov>).

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you—such as denying an application for credit, insurance, or employment— must give you the name, address, and phone number of the CRA which provided the report.
- You can find out what is in your file. A CRA must give you the information in your file and a list of everyone who has requested it recently. However, you are not entitled to a "risk score" or a "credit score" that is based on information in your file. There is no charge for the report if your application was denied because of information supplied by the CRA and if you request the report within 60 days of receiving the denial notice. You also are entitled to one free report every twelve months upon request if you certify that: (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare; or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the items (usually within 30 days) unless your dispute is frivolous. The CRA must pass along to its source all relevant information you provided. The CRA also must supply you with written results of the investigation and a copy of your report, if it has changed. If an item is altered or deleted because you dispute it, the CRA cannot place it back in your file unless the source of the information verifies its accuracy and completeness and the CRA provides you a written notice that includes the name, address and phone number of the source.
- Inaccurate information must be deleted. A CRA must remove inaccurate information from its files, usually within 30 days after you dispute its accuracy. The largest credit bureaus must notify other national CRAs if items are altered or deleted. However, the CRA is not required to remove data from your file that is accurate unless it is outdated or cannot be verified.
- You can dispute inaccurate items with the source of the information. If you tell anyone—such as a creditor who reports to a CRA—that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, they may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven-years-old, ten years for bankruptcies. Access to your file is limited. A CRA may provide information about you only to those who have a need recognized by the FCRA—usually to consider an application you have submitted to a creditor, insurer, and employer, landlord, or other business.
- Your consent is required for reports that are provided to employers or reports that contain medical information. A CRA may not report to your employer, or prospective employer, about you without your written consent. A CRA may not divulge medical information about you to creditors, insurers or employers without your permission.

Mandatory Criminal Background Check

- You can stop a CRA from including you on lists for unsolicited credit and insurance offers. Lenders and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call and tell the CRA if you want your name and address excluded from future lists or offers. If you notify the CRA through the toll-free number, it must keep you off the lists for two years. If you request and complete the CRA form provided for this purpose, you can have your name and address removed indefinitely.

- You may seek damages from violators. You may use a CRA or other party in state or federal court for violations of the FCRA. If you win, the defendant may have to pay damages and reimburse you for attorney fees. If you lose and the court specifically finds you sued in bad faith, you or your attorney may have to pay the defendant's fees.

You may have additional rights under state laws. You may wish to contact a State or local consumer protection agency or a state Attorney General to learn those rights.

If you have questions or believe your file contains errors, call our toll-free number, 866-326-3757.

The FCRA gives several different Federal agencies authority to enforce the FCRA:

For Questions or Concerns Regarding:

Please Contact:

CRAs, credit and others not listed below

Federal Trade Commission
Consumer Response Center-FCRA
Washington, DC 20580
877/FTC-HELP

National banks, federal branches/agencies
of foreign banks (word "National" or
initials "N.A." appear in or after bank's name)

Office of the Comptroller of the
Currency Compliance Management, Mail Stop 6-6
Washington, DC 20219
800-613-6743

Federal Reserve System member banks (except
national banks, and federal branches/agencies
foreign banks)

Federal Reserve Board
Division of Consumer & Community of
Affairs
Washington, DC 20551
202/452-3693

Savings associations and federally chartered
savings banks (word "Federal" or initials "F.S.B."
appear in federal institution's name)

Office of Thrift Supervision
Consumer Programs
Washington, DC 20552
800-842-6929

Federal credit unions (words "Federal Credit
Union" appear in institution's name)

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314
703-518-6360

State-chartered banks that are not members of
the Federal Reserve System

Federal Deposit Insurance Corporation
Division of Compliance & Consumer
Affairs
Washington, DC 20429
1-800-934-FDIC