



Referral Package

Project Comeback is ACE's job-readiness training program for men and women with a history of homelessness. Applicants should meet the following eligibility criteria:

1. **Housing:** Applicants must have stable housing for the next 4 months, at minimum.
 - Stable housing includes: therapeutic communities, inpatient treatment programs, long-term shelters, living with family / friends, transitional housing, etc.
 - We cannot accept applicants living in drop in shelters
2. **Sobriety:** Project Comeback is a clean and sober program. Applicants must have a minimum of 30 days sobriety.
3. **Criminal History:** Applicants CANNOT have a violent or aggressive criminal history (e.g. rape, manslaughter, pedophilia, etc.)
4. **Psychiatric History:** Applicants cannot have had an inpatient psychiatric hospitalization in the last 6 months.
5. **Availability:** Applicants must be unemployed. Project Comeback is a 35 hour / week commitment. Applicants must be willing to commit to a 5-day-per-week schedule.
6. **Public Assistance:** If applicants are receiving public assistance, they must be willing to turn down all benefits, with the exception of Medicaid (this does not apply to individuals in inpatient treatment programs or select DHS shelters).
7. **Other Eligibility Requirements:** Applicants must be at least 18 years old and have proof of authorization to work in the US. At intake, applicants should provide all available identification, including state ID, benefits card, social security card, birth certificate, etc.

Referral Procedures

1. Fax or email completed referral package (pages 2-4) to Admissions & Vocational Coordinator at 212-274-0886 or eisrael@acenewyork.org.
2. If the applicant meets program criteria, the Admissions & Vocational Coordinator will contact you to schedule an intake date. If you are a new referral source, be sure to include your contact information.
3. If you have any questions, please feel free to contact the Admissions & Vocational Coordinator at eisrael@acenewyork.org or 212-274-0550 x18.

Referral Form

Applicant Name: _____ Application Date: _____

Alias: _____ Date of Birth: _____

Applicant Address: _____
Street City State Zip

Date Applicant Entered Referring Program / Residence: _____

Applicant's Expected Move Out Date from Program / Residence: _____

Referred by: _____
Name Organization

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.)

Has applicant ever been convicted of a violent or aggressive crime? Yes No

Is applicant on Parole/Probation? Yes No

If YES, list PO name and phone number: _____

Applicant's most recent police contact: _____ (date)

Release of Information Form

I authorize (Name of Referral Agency) _____
to release my clinical information (psychiatric / medical / rehabilitation / social service /
education / criminal history / drug and alcohol test results) 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 aforementioned
agency and other relevant agencies, as it relates to my vocational plan. These agencies may
include Project Renewal, C.S.S., Dress for Success, Career Gear and Legal Action Center. I
understand that the agency(s) will maintain the confidentiality of this information.

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.

Applicant signature	Print name	Date
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Referral counselor signature	Print name	Agency	Date
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Work Clearance & TB (PPD) Clearance

**Applicants must have work clearance portion of this form completed in full.
TB Clearance may be included on this form or attached separately.**

Work Clearance

Mr./Ms. (Applicant'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 an 8-hour time span.**

(Doctor's signature): _____ (NYC LIC#): _____
(Please Print Name): _____ (Date): _____

TB (PPD) Clearance

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

Applicant 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): _____