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. Applicants cannot be under a course of treatment using methadone, suboxone or buprenorphine.

3. **Criminal History**: Applicants with violent criminal histories will be evaluated on an individual basis. Applicants cannot have a recent violent criminal history (e.g. rape, manslaughter, pedophilia, etc.)

4. **Psychiatric History**: Applicants cannot have had an inpatient psychiatric hospitalization in the last 6 months. Applicants on medication for an Axis-1 diagnosis must have six months of documented stability.

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. **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 eprovda@acenewyork.org.

2. 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 eprovda@acenewyork.org or 212-274-0550 x18.
Referral Form

Applicant Name: ________________________________ Application Date: ______________

Alias: ___________________________________ Date of Birth: ______________

Applicant Address: ____________________________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Date Applicant Entered Referring Program / Residence: ____________________________

Applicant’s Expected Move Out Date from Program / Residence: ______________________

Referred by: _________________________________________________________________

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<tr>
<th>Name</th>
<th>Organization</th>
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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

Referral counselor signature  Print name  Agency  Date
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): ______________________________