

Agency Referral Form New Connections Program



Support and assistance is provided with the coordination of services and resources for employment, housing, food, health insurance, medical, dental, and other needs. Please complete and fax the referral form to (760) 295-3850 or call (760) 631-5000 Ext. 7181. Encrypted emails only to NewConnections@vcc.org	
Eligibility Criteria: Client is on parole and served prison time in a California state institution.	
Referring Agency Information	
Date of Referral:	Agency Name:
Referrer's Name:	
Phone Number:	Fax Number:
Email:	
Client Information	
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish	Date of Birth: Age:
Client Name (First and Last):	
Complete Address:	
Home Phone:	Cell Phone:
Client Email:	
Was this client released from a CA State institution (Prison) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where:	
Consent to Release Information to VCC	
I hereby authorize _____ to submit my information for services to the New Connections program. I understand that the above information is required for the purpose of determining eligibility and enrollment to the program and that the referring agency is limited to the following information: referral form data, update on status of referral, client acceptance or decline of services, and client attendance/participation. I understand that my authorization will remain effective for one year from the date of this referral, and that the information will be handled confidentially in compliance with all applicable local, state and federal laws.	
Autorizo a _____ a presentar mi información para servicios del programa Nuevas Conexiones. La información se requiere para determinar elegibilidad e inscripción en el programa y está limitada a: esta forma de referencia e información sobre la actualización del estatus de la referencia, aceptación/rechazo de los servicios por parte del cliente, y estatus de participación. Entiendo que mi autorización permanecerá efectiva por un año desde la fecha de esta referencia, y que la información se manejará confidencialmente en cumplimiento con las leyes aplicables locales, estatales y federales.	
<input type="checkbox"/> Verbal Consent Obtained or Client Signature _____ Date: _____	
OFFICE USE ONLY	
Date Referral Received:	Client Contact Date:
<input type="checkbox"/> Unable to contact client <input type="checkbox"/> Client accepted services <input type="checkbox"/> Client declined services	
<input type="checkbox"/> Ineligible <input type="checkbox"/> No show/ No response	
Name of staff assessing:	
Notes:	