

PARTICIPANT SCREENING INFORMATION

·								
First Name				Last Name				
Email				Phone Number				
Date of Birth				County of Re	esidence			
Mailing Addres	SS							
SCREENING G	QUESTIONS				Yes		No	
Is individual currently interested in education and/or training?								
Is individual currently interested in obtaining emplo				ent?				
Does individual have any challenges to gainful				employment?				
SERVICES OF	INTEREST (Che	ck all that a	annly)					
Supervised Job	Basic Educ	ation				П		
			/ocational					
•				ork Experience (Work Activity or Work-based Learning)				
		. –						_
REFERRAL IN	FORMATION (T	o be com	pleted by	NCDHHS, loc	cal DSS or	NCDH	HS Provider)	
Referral Date			Referral	Source				
Referring Party	/			g Party Email				
ABAWD Status				rt Period				
Referral Type		CNDS#			SSN (or la	ast 4)		
	ESULT (To be co		by NCDH	HS or local D	SS)			
Individual is su Individual is no								
Referring County DSS/NCDHHS:								
PARTICIPANT	ACKNOWLEDG	SEMENT						
Assistance Em to take this opposite to take this opposite the take this opposite the take the	will be provided ployment and Troortunity, you mater orms, childcare, articipation if there or up to 90-days er. Contact is on our partner agen eiving Food and e read and sign	aining Pro y also be and other e is no fur after gettil ce a mont cy. Since Nutrition S	gram, the provided a costs relanding avaing a job if h, or more this is a voservices (F	county, and passistance with ted to participable to provide you stay contended, would as needed, would are programmed.	participating the transporta ating as fur de these su nected to ou via text, ema am, you are	agence ation, be nding pe pports. ur SNA ail, pho e not re	ies. If you che ooks/supplies ermits. You m Supportive s P Employmer ne, or in persequired to part	oose s, work nay be ervices nt and oon ticipate
√ While I unde	that this is a volunce that this is ling employment	s a volunta	ary prograi	m, I agree to f	•			ase my
Participant Signature:				Date:				