

RECONNECT TO OPPORTUNITY REFERRAL FORM

First Name:	Last Name:	Date of Birth:
CONTACT INFORMATION	Phone 1:	Preferred method of contact: (check all that apply) Call <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/>
	Phone 2:	
	Email:	
	What city/area of King County do you live in?	
DEMOGRAPHIC INFORMATION	Age:	Ethnicity:
	Gender:	Race:
EDUCATION INFORMATION	Are you currently: ATTENDING SCHOOL or NOT ATTENDING SCHOOL	
	If you aren't attending school, how long have you not been attending for?	
	If you aren't attending school, why did you leave?	
	What is the last grade you completed? Elementary School 6 th 7 th 8 th 9 th 10 th 11 th 12 th HS Diploma GED Some College	
EMPLOYMENT INFORMATION	Are you working?:	YES NO
	Are you looking for work?:	YES NO
<u>Check all that apply:</u>		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Internship <input type="checkbox"/>		
HOW DID YOU HEAR ABOUT THE PROGRAM?	Friends/Family <input type="checkbox"/> School/District <input type="checkbox"/> Juvenile Justice/Courts <input type="checkbox"/> Web/Social Media <input type="checkbox"/> Church/Faith <input type="checkbox"/> Community Organization <input type="checkbox"/>	
	Other (please explain): _____	
WHAT RESOURCES ARE YOU HOPING TO BE CONNECTED TO?		

IMPORTANT: YOUR SIGNATURE REQUIRED → By signing this form, you are consenting for this referral form to be shared with King County Employment and Education Resources.

Signature _____ Date: _____

To refer young people to the Opportunity Network:

Email Mario Bailey at Mario.bailey@kingcounty.gov or call 206-477-6977.

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ADMINISTRATIVE (for King County Employment and Education Resources staff use)

Program referred to: _____ Date: _____

2 WEEK CHECK-IN _____ Date: _____

Did they enroll? YES NO

If no, reason for not enrolling: _____

4 WEEK CHECK-IN _____ Date: _____

Retained after 1 month? YES NO

If no, reason for leaving: _____

6 WEEK CHECK-IN _____ Date: _____

8 WEEK CHECK-IN _____ Date: _____

10 WEEK CHECK-IN _____ Date: _____

12 WEEK CHECK-IN _____ Date: _____

Retained after 3 months? YES NO

If no, reason for leaving: _____

RELEVANT NOTES