Referral Form

Job Training and Transitional Employment Programs

Pine Street Inn
Ending Homelessness

REQUIRED*: Please complete this form and return it by email to: jacob.sugerman@pinestreetinn.org. The referred client will be scheduled for an interview with the appropriate staff person.*

Check Program of Interest:

☐ iCater Job Training Program (FSTP)

☐ Housekeeping Transitional Employment Program (Pine Street Clients Only)

Client Information:

Date Referred: _____ Client Name: _____

Client Phone: _____ Client Email: _____

Referral Program Information:

Referral Provider Name: _____ Phone: _____ Fax: _____

Referral Provider Email: _____

Name of Program: _____

Address of Program: _____

Short Answer*: We want every trainee to have a positive experience in our programs. Why do you feel this individual will be successful in this job training or transitional employment program?*

_____

_____

_____

Along with this completed form, please submit the following:

☐ Release of Information Form

☐ Copies of TWO Certified IDs (Mass. State ID, Driver's License, Passport, Social Security Card)

Additional Items – Referral Provider must initial each statement

✓ I certify that the applicant is socially and emotionally ready for training and future employment. _____

✓ I certify that the applicant can stand on his/her feet for long periods of time, bend, and climb stairs. _____

✓ I certify that the applicant can lift 25 lbs. _____

✓ I certify that the applicant has been sober for at least 60 days. _____

Application PSI Job Training and Transitional Employment Programs ***Applicant should complete this page***

Referral Provider signature:_____Date:_____/_____/_____

APPLICANT INFORMATION

Last: _____ First: _____ Middle: _____

Date of Birth: _____/_____/_____ Age: _____ Gender: _____

Current Address: _____

_____

_____

Phone: _____ Email: _____

Which description applies to your housing situation? Please check **one**.

- ☐ Homeless – On the street
- ☐ Homeless – In emergency shelter
- ☐ Transitional (temporary) housing
- ☐ Recovery and Substance Abuse Treatment Program
- ☐ Halfway House
- ☐ Pre-Release Program
- ☐ Residential treatment program
- ☐ Own apartment / house (with or without a subsidy)
- ☐ Living with family or friends
- ☐ Other (Please give details):_____

Which training program are you applying for?

☐ iCater Job Training Program (FSTP)

☐ Housekeeping Transitional Employment Program (Pine Street Inn Clients Only)

Education

Please list the schools you attended, including training programs you completed:

School	Degree, Diploma, or Certificate Received	Dates Attended

EMPLOYMENT EXPERIENCE

Please share information about your most recent jobs:

Name of Employer:	Supervisor's Name	Employment Dates From: _____ To: _____
City, State, Zip	Phone Number	
Your last job title:		
Description of tasks, responsibilities, and skills that you completed at this job:		

Name of Employer:	Supervisor's Name	Employment Dates From: _____ To: _____
City, State, Zip	Phone Number	
Your last job title:		
Description of tasks, responsibilities, and skills that you completed at this job:		

Name of Employer:	Supervisor's Name	Employment Dates From: _____ To: _____
City, State, Zip	Phone Number	
Your last job title:		
Description of tasks, responsibilities, and skills that you completed at this job:		

PROGRAM REQUIREMENTS

Listed below are the requirements of Pine Street Inn's Job Training Programs. Please initial after each sentence indicating your agreement.

1. I have authorization to work in the United States and can provide two valid forms of identification (including a photo ID). _____
2. I must be available to work required schedules of the job training programs, including any mandatory workshops. _____
3. I consent to Pine Street Inn's has drug and alcohol policy, and that I am in compliance with such drug/alcohol policy at the time of my enrollment (at least 60 days of documented sobriety). _____
4. I can lift 25 lbs., stand for long periods of time, and climb stairs. I can perform frequent repetitive motions that includes: bending, stooping, stretching and walking. _____
5. If I am accepted into Pine Street Inn's Job Training Programs, I will attend mandatory Job Training Orientation on specific dates throughout the year _____
6. I must be willing to confront my personal challenges and/or barriers. _____
7. I understand that Pine Street Inn is not responsible for damage, loss or theft of my personal property. _____
8. I understand that I will be asked for personal information to help Pine Street Inn secure funding for future programs. This info will not be used to reassess my program eligibility. _____
9. **iCater Only:** I will adhere to Pine Street Inn's Hepatitis-A Vaccination Policy, which requires that all trainees in the iCater Job Training Program are inoculated before the program starts. _____
10. I will commit to search for and secure permanent employment while enrolled in Pine Street Inn's job training programs. _____

Applicant's signature:_____Date:_____/_____/_____

Referral Provider signature:_____Date:_____/_____/_____

AUTHORIZATION FOR RELEASE OF INFORMATION

Job Training / Transitional Employment Program _____

Trainee Name: _____

Last Four Digits of Social Security Number: _____

I hereby authorize: _____
(Name of Agency)

to release information to AND accept information from: _____Pine Street Inn_____

for the purpose of: _____Coordination of service planning_____

I choose to exclude authorization of information regarding _____

_____ from this release.

Any information received from or sent to the Pine Street Inn, pursuant to this authorization, is intended exclusively for the use of Pine Street Inn and is not to be re-released to any person/agency not affiliated with Pine Street Inn without my consent, except as provided by law.

I hereby release Pine Street Inn and its officers, agents, employees, representatives, successors and assigns, from any claims or liabilities arising out of release of information pursuant to this authorization.

I understand that funding agencies review client files to ensure that funds are utilized in accordance with contracts. In the event that my file is selected for review, I grant access to the reviewers.

I may withdraw this authorization by giving you written notification at any time. In the absence of my prior withdrawal, this authorization will expire one year after it is signed.

I have read, understand, and agree to the above release of information.

Signature of Job Training/Transitional Employment Program

Applicant's signature:_____ Date: _____

Referral Provider signature:_____ Date: _____

Training Program Staff Signature: _____ Date: _____

WORKFORCE DEVELOPMENT SORI POLICY

Effective July 1, 2016, state and national Sex Offender Registry Information (SORI) checks, using publically available information, are required for acceptance to any Pine Street Inn job training or transitional employment program. The following practices and procedures will be followed.

I. This policy will be made available to all applicants as part of the application packet. An electronic copy can also be sent upon request.

II. Personal Information and applicant consent to run the checks will be gathered as part of the program application. SORI checks will be conducted only after you have applied, been interviewed and been granted provisional accepted by the Pine Street Inn program.

III. Your information will be run through both the state (Massachusetts Sex Offender Registry Board, SORB) and national (National Sex Offender Public Website, NSOPW) databases of sex offenders by the Director of Security.
   a. SORB: http://www.mass.gov/eopss/agencies/sorb/
   b. NSOPW: https://www.nsopw.gov/?AspxAutoDetectCookieSupport=1

IV. Once the results have been obtained, the Director of Security will report the results to the job training program director.

V. If you are a Level 3 sex offender, you will be notified that you will not be admitted to the program. A formal email notification will be sent to your referral provider. You will have an opportunity to appeal this and have your records reviewed by the head of the job training/transitional employment program and the Director of Security. Charges of rape or pedophilia will be automatic grounds for exclusion from the programs.

By signing below, I acknowledge that I have read and agreed to comply with the above policy regarding Pine Street Inn's Workforce Development SORI checks.

Applicant Name: _____

Applicant Signature: _____

Date: _____

LIST OF ACCEPTABLE I-9 DOCUMENTS

All documetns must be UNEXPIRED

Employees may present one selection from List A or a combination of one selctation from List B and one selection from List C

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** Native American tribal document
		6. Military dependent's ID card		**6.** U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		**8.** Employment authorization document issued by the Department of Homeland Security
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**9.** Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

With this application, I am attaching copies of the following ID,*

List A document: _____ OR List B document: _____

AND

List C document: _____

*If accepted into the training program, trainees must be able to present original documentation during the first day of Orientation.