



**GENERAL RELIEF OPPORTUNITIES FOR WORK (GROW)
AMERICAN'S JOB CENTER OF CALIFORNIA (AJCC) REVERSE REFERRAL**
(Please respond within five workdays)

Participant's Name: Last			First	Middle	Case Number:
Appointment Information - Completed by Department of Public Social Services (DPSS)					
Date of Referral: / /			Referred to:		
Date of Appointment: / /			Location:		
Time of Appointment:					
Contact Person:			Contact #: () -		
E-mail:			Fax #: () -		
Reason for Referral:					
<input type="checkbox"/> GROW Youth Employment Program (GYEP) <input type="checkbox"/> GROW Transition-Age Youth Employment Program (GTEP) Other: _____					
GROW Site Information - Completed by DPSS					
GROW site:			Address:		
Contact Person:			Contact #: () -		
E-mail:			Fax #: () -		
(Acknowledgement of Referral and Consent to Release of Information)					
<i>I authorize DPSS and WorkSource/One-Stop staff to exchange information regarding my case file, participation, and counseling for employment and training services.</i>					
Participant Signature: _____ Date: _____					
Outcome/Result of Appointment - Completed by WSC, One Stop or AJCC					
Attended Appointment: <input type="checkbox"/> Yes <input type="checkbox"/> No			Accepted for referred service or program: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subsidized Employment Start Date:			If not accepted for referred service or program, indicate reason in comment section.		
Subsidized Employer Name:			Work schedule:		
Address:			Hours Per Week:		Hourly Wage:
Telephone:			Expected Completion Date:		
Comments:					
WSC Staff Signature:			Title:		
Telephone:			Date:		