



**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:		