

**BRIDGE-TO-WORK**  
**PREPARATION & EMPLOYMENT PROGRAM REFERRAL FORM**

COMPLETE ALL FIELDS

**ENROLLMENT CHECKLIST**

- |   |  |
|---|--|
| <input type="checkbox"/> Tier I: 16-17 Years of Age             | <input type="checkbox"/> Photo Identification        |
| <input type="checkbox"/> Tier II: 18-20 Years of Age            | <input type="checkbox"/> Social Security Card        |
| <input type="checkbox"/> High School Diploma or Equivalent      | <input type="checkbox"/> Receiving TAP Card          |
| <input type="checkbox"/> Ability to Obtain Work Permit (Tier I) | <input type="checkbox"/> Has Reliable Transportation |
| <input type="checkbox"/> ILP Eligible                           | <input type="checkbox"/> Available to Work           |

**DCFS/PROBATION PERSONNEL**

Date: \_\_\_\_\_ DCFS/Probation Office Name: \_\_\_\_\_

ILP Coordinator/CSW/DPO: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**YOUTH INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN (Last 4): \_\_\_\_\_

Gender: Male  Female  Ethnicity: \_\_\_\_\_

Is the youth currently enrolled in high school/equivalency program, college or a vocational training program? Yes  No

If yes, what school/program? \_\_\_\_\_

What are the days & hours the youth attends school/program? \_\_\_\_\_

Is youth pregnant/parenting? Yes  No  If yes, how many children? \_\_\_\_\_

If yes, does youth have childcare? Yes  No

Is the youth currently on Probation? Yes  No  PDJ# \_\_\_\_\_

If yes, Probation Officer Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**CAREGIVER INFORMATION (For Tier I Youth Only)**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

WorkSource/One-Stop Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Participant: \_\_\_\_\_ Date: \_\_\_\_\_

SBWIB Reviewed:  DCFS  Probation