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| **MAKIN IT WORK REFERRAL FORM**  **U.S. Probation Office – ND/IL** | | | | | | | | | | | |
| **Date of Referral:** Click here to enter a date. | | **OFFICER**  PO Last Name | | | | | | **PACTS NO.**  Client ID | | | |
| **LAST:**  Last Name | | **FIRST:**  First Name | | | | | | **MIDDLE:**  Middle Name | | | |
| **DOB:**  Date Of Birth | **AGE:** (At time of referral) Click here to enter text. | **SEX:**  Sex Description | | **RACE:**  Race Description | | | | **CITIZENSHIP:**  Citizen Description | | | |
| **EDUCATION LEVEL:**  Education | | **CERTIFICATIONS:** | | | | | | | | | |
| **ADDRESS:**  Address 1 | | **CITY/STATE:** | | | | **ZIP CODE:**  Address Zip Code | | | **COUNTY:**  Click here to enter text. | | |
| **PHONE** (HM)**:**  Click here to enter text. | | **PHONE** (CELL)**:**  Click here to enter text. | | | | **EMAIL ADDRESS:**  Click here to enter text. | | | | | |
| **LICENSE/PERMIT/VISA, ETC.** | | | | | **JOB LIMITATIONS/WEAKNESSES/BARRIERS/STRENGTHS** | | | | | | |
| Does the candidate have a valid driver's license? | | | Yes  No | | Does candidate have any physical limitations? | | | | | | Yes  No |
| Does candidate have state identification card? | | | Yes  No | | If yes, describe: | |  | | | | |
| Does candidate have a social security card? | | | Yes  No | | Does candidate have access to vehicle or public transportation? | | | | | | Yes  No |
| Does the person have more than one social security number? | | | Yes  No | | Is child care an issue? | | | | | | Yes  No |
| If the candidate is not a U.S. citizen/legal resident, does the candidate have a work or visa permit? | | | Yes  No | | Are there any reading/writing limitations/barriers? | | | | | | Yes  No |
|  | | |  | | The majority of the candidates work history is in what field/industry? | | | | | |  |
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| **HISTORY OF ABUSE or TREATMENT:** | | | | |
| Is candidate enrolled in COMPLY? | | | Yes  No | |
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| ***PLEASE EMAIL COMPLETED FORM TO RAVEN MCMILLAN, SPECIAL OFFENDER SPECIALIST*** | | | | | | | | | | | |