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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*** |