



AJCC SYSTEM PARTNERS REFERRAL



SECTION I: Customer Information

NAME; First, MI, Last:				LAST 4 of SSN:	
Phone Number:		Alternate Phone Number:		E-mail address:	

SECTION II: AJCC System Partner Referred To

INSTRUCTIONS: You are being referred to a San Bernardino County AJCC System Partner for consideration of services.					
Referred To (Organization):		Street Address:		City/State/Zip Code:	
Contact Person:		Phone Number:		E-mail Address:	
REQUIRED documents needed for visit:	Photo I.D. (proof of identity) U.S. Social Security card Proof of San Bernardino County residency Not Applicable		Document providing date of birth/age DD-214 (if military Veteran) Proof of Unemployment Insurance Eligible/Exhausted/ Ineligible		
Referred For:	Assessment Family Services Education/Training Counseling, Personal Veteran's Services Placement/Job Development	Vocational Rehabilitation Medical/Health Services Educational Testing Service (ETS) High School Equivalency Test (HSET) English as a Second language (ESL) General Education Development (GED)	Financial Assistance Housing Transportation Food Assistance Unemployment Insurance Senior Services Other		
Comments:					
List of Other Agencies Referred To:					

SECTION III: San Bernardino County AJCC System Partner Referral Contact Information

Referred From (Organization):				Phone Number:	
Street Address:			City, State:		Zip Code:
Referred By:		Phone Number:		E-mail Address:	
Date Referred:					
Disclosure	Customer consents to disclose information with other partners: Yes No				
Signature:	I authorize the Agency/Individual Provider _____ to release information about me to the San Bernardino County AJCC System Partner. I understand this release will remain in effect unless I choose to revoke it.				
	_____			_____	
	Customer Signature			Date	