

Helen Ross McNabb Center

Project NOW! Referral Form and Eligibility Form

To be completed by referring agency and/or participant or guardian (if under 18)

Placed in class _____
Date Placed in class _____

Case worker/youth
notified of placement?

YES NO

Date Notified _____

Referred Youth Name

Date of Referral

Youth Date of Birth

State ID or SSN

Current address of Youth

Phone # and youth email (email is required)

Name of person making referral

Phone # and email address referring person

Name of Current Foster parent or guardian

Phone # and email address foster parent

Name of alternative contact

Phone # and email address for alternative contact

Name of person transporting youth to class

Phone # and email address for person transporting

Required Accomodations: _____

Notes other pertinent information: _____

This section is to be completed by Verifying Personnel & Program Staff ONLY

By signing this form I am indicating that:

I have verified that the above referenced individual is eligible to become a participant of the Opportunity Passport based on the criteria that he/she has spent at least one day in foster care after the age of 14. I received authorization from the person above to release information to determine their eligibility. If any identifying information I will notify the Project NOW Coordinator so as to correct any errors.

Provider Representative Name (please print)

Provider Agency

Provider Representative Signature

Date

Helen Ross McNabb Center Project NOW Enrollment Form

PERSONAL & CONTACT INFORMATION

First Name: _____ Last Name: _____

Program ID #: _____ Survey ID #: _____

Date of Birth: _____

Gender:
 Male Female Other

Home Phone: _____ Cell Phone: _____

Email Address: _____

Facebook Name (Optional): _____

Preferred method of contact: _____

May we say we are calling on behalf of:

Helen Ross McNabb Center: YES NO

Project NOW: YES NO

ELECTRONIC COMMUNICATION ACCEPTANCE

I agree that program staff may contact me using electronic methods of communication, which may include the following: E-mail, Facebook, text message, voicemail, social media

Please Initial to accept: _____

I DO NOT Accept, and indicate communication method of choice:

(Note: At this time, Project NOW utilizes Facebook social media only, which is used as the primary tool for event notifications and opportunities, unless specifically requested by the participant)

Who referred you to Opportunity Passport™ (Project NOW): _____

[Empty rectangular box for name]

Print participant name

Project NOW!

Letter/Contract of Agreement

Project NOW! youth are responsible for the following:

Attendance at workshops/events is expected/required to remain on active status and be able to take the bi-annual survey. Attendance is required at least at 2 workshops or events in the 6 months prior to the survey to stay on active status.

Attendance is required at 3 workshops/programs in 3 months prior to application for a match. (Participants are eligible for \$1,000 each year for three different years. After \$1,000 is used in a year there must be at least a year until another \$1,000 can be applied for.)

Promptly answering emails or other requests for information.

Promptly scheduling times to pick up checks or other information.

Returning Check Reconciliations or other mail in a timely manner.

Updating phone #s and addresses.

Attending a meeting with the Coordinator prior to applying for a match.

Depositing in a savings account at least monthly.

Signing up ahead of time for classes you will attend and notifying Coordinator 24 hours before if you need to cancel.

Doing what you say you will do.

By signing below you are indicating that:

"I understand that I must follow the expectations above to remain in the program."

Project NOW! Participant

date

Project NOW! Program Coordinator

date

Project NOW Behavioral Contract

As a participant of Project NOW, I am a member of a voluntary service that is an opportunity available to help me as I transition towards adulthood. As such, I understand that this opportunity may be revoked in the event that my behavior becomes dangerous to other participants. In an effort to avoid such consequences, I understand the following:

- 1) I will be respectful of all Project NOW peers and staff; and will refrain from either verbal or physical abuse
- 2) If I have a personal problem with another member, I will seek out my Project Coordinator to discuss ways to alleviate the conflict and/or find alternative ways to participate and, if necessary, the Director of Adolescent Services may be included on this intervention

In the event that I am not able to fulfill the obligations required above, the following consequences may become applicable as a consequence:

- 1) Suspension from any *meetings or activities* for one quarter from the date of the event
- 2) Suspension from any *stipend opportunities* for one quarter from the date of the event
- 3) Work with Project NOW Coordinator to determine inclusion back into active participation, once the consequence has been fulfilled
- 4) Possible conflict resolution meeting with involved peers; or peer support persons
- 5) Termination from program, if necessary
- 6) Specific consequences as needed, based on specific event

Signature of Participant

Date