



## Referral Packet for ACE Services

Project Comeback is ACE's job-readiness training program for anyone seeking full time employment. Applicants should meet the following eligibility criteria:

1. **Housing:** Applicants must have stable housing for the next 3 months, at minimum.
  - Stable housing includes: therapeutic communities, inpatient treatment programs, long-term shelters, living with family / friends, transitional housing, etc.
2. **Sobriety:** Project Comeback is a sober program. Applicants must have a minimum of 30 days sobriety.
3. **Criminal History:** Applicants with violent criminal histories will be evaluated on an individual basis.
4. **Psychiatric History:** Applicants on medication for a psychiatric diagnosis must have four months of documented stability. Applicants cannot have had an inpatient psychiatric hospitalization in the last 6 months.
5. **Availability:** Applicants must be willing to commit to a 4-day-per-week schedule at ACE.
6. **Employment:** Applicants must be unemployed and seeking full-time long-term employment. Applicants must plan to continue residing in New York City for at least the next 2 years.
7. **Other Eligibility Requirements:** Applicants must be at least 18 years old and have proof of authorization to work in the US. **Applicants must be fully vaccinated against COVID-19.** At intake, applicants should provide all available identification, including state ID, benefits card, social security card, birth certificate, etc., as well as proof of vaccination.

### Referral Procedures

1. Contact Rosemary Yelton, ACE's Admissions & Vocational Coordinator, at 212- 274-0550 x18 or ryelton@acenewyork.org to complete a brief screening for your client and schedule an appointment.
2. Intake is by-appointment only. Appointments are available on Tuesdays and Wednesdays at 1 pm. Applicants should expect to be at ACE for about 3 hours.
3. ACE is located at 30-30 Northern Boulevard, Suite B100. Our entrance is on the side of the building, along the driveway.

## Referral Form

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*Applicant Name*

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*Date of Birth*

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*Street*

*City*

*State*

*Zip*

Date applicant entered referring program: \_\_\_\_\_

Applicant's expected completion date from referring program: \_\_\_\_\_

Is applicant planning to remain in NYC for the next 2 years? (Yes/No)

Applicant Referred by:

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*Name*

*Organization*

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*Email*

*Phone*

Does applicant currently receive, or have they applied for, any of the following income sources:

Cash assistance (Yes/No)

SSI/SSDI (Yes/No)

Unemployment Insurance (Yes/No)

Current employment (Yes/No)

Other (Yes/No) Explain: \_\_\_\_\_

### Psychiatric History

Does the applicant have any mental health conditions?  Yes  No

If YES, please list: \_\_\_\_\_

Is the applicant currently taking any medications?  Yes  No

If YES, please list: \_\_\_\_\_

**Sobriety: Project Comeback is a Sober Program**

This applicant is considered to be sober since: \_\_\_\_\_(date)

Is the applicant in treatment for substance use?  Yes  No

**Criminal History**

Does the applicant have past convictions?  Yes  No

If YES, please list convictions and dates:

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Is applicant on Parole/Probation?  Yes  No

If YES, list PO name and phone number: \_\_\_\_\_

Applicant's most recent police contact date and charge: \_\_\_\_\_

**Employment & Participation**

Has applicant applied to ACCES-VR or any other long-term training programs, for which they are pending acceptance? (Yes/No)

Is applicant able and ready to accept full-time, long-term employment: (Yes/No)

Is applicant a citizen of the United States? (Yes/No)

If not, do they have the documents required to work legally in the US? (Yes/No)

Has applicant ever attended ACE? (Yes/No)

Is applicant fully vaccinated against COVID-19? (Yes/No)



## Release of Information Form

I authorize **(NAME OF AGENCY to release information)** \_\_\_\_\_ to release my clinical information (psychiatric / medical / rehabilitation / social service / education / criminal history / drug and alcohol test results) to the program staff at **ACE**. I understand that this information is used only to arrange services for me; is confidential; and is protected from disclosure. The extent or nature of information to be released is restricted to the following:

I understand that I have the right to cancel my permission to release information at any time before it is released. I also understand that this consent to release information will expire when acted upon or 365 days from this date, whichever occurs first.

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Client Name

Client Signature

Date

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Service Provider Name

Provider Signature

Date

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Organization Name

Provider Organization Address

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Provider Phone Number

Provider Email

