



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. At intake, applicants should provide all available identification, including state ID, benefits card, social security card, birth certificate, etc.

Referral Procedures

1. Complete referral packet and email it to Rosemary Yelton, ryelton@acenyork.org. You will be contacted afterward to schedule an intake appointment.
2. Intake is by-appointment only. Appointments are available on Tuesdays 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

Applicant Name _____ *Date of Birth* _____

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:

Name _____ *Organization* _____

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:

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)



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.

Client Name

Client Signature

Date

Service Provider Name

Provider Signature

Date

Organization Name

Provider Organization Address

Provider Phone Number

Provider Email

