

YWCA IS ON A MISSION

eliminating racism
empowering women
ywca

Project CARE Referral Form

Participant Name & Pronouns: _____ Age: _____ Zip Code: _____

Daytime phone: _____ OK to leave message? YES ___ NO ___

Name of person who referred you and their contact information: _____

What led to this referral? Please provide information regarding any needs related to sensory, physical, developmental and/or intellectual/cognitive disabilities as they pertain to any accommodations required:

Guardian (If yes, Name & Contact Information):

Emergency Contact Information:

Best Way to Reach Participant (Email, Phone, Other):

Learning Style/ How do you learn best? _____

Is there anything we can do to best support your learning needs?

In what language do you (or the person for whom you are making the referral) prefer we offer our service?

Do you have access to the internet? YES ___ NO ___

What type of device you use to access the internet? _____

Project CARE values providing a welcoming environment where participants feel safe sharing their thoughts and asking questions. We want to ensure that confidentiality is respected and upheld.

Are you able to join alone/from a safe and quiet place? YES _____ NO _____

Are you able to join with the camera on? YES _____ NO _____

Email address you'd like Zoom info sent to: _____

In some circumstances, we may have physical materials to help you follow along. If you're interested in having those mailed to you, please provide the address where you would like them mailed to:

Would you like us to be aware of any current health concerns relevant to participation (for safety reasons)? (Example: epi-pens, low blood sugar, etc.)

Do you have a level of supervision? If yes, will someone (a parent/guardian, staff person, etc.) be with you while you participate?

How many people live in your household? _____

How many people under 18 live in your household? _____

Which of these best describes your personal income last year: (Please choose one.)

\$0 \$1 - \$9,999 \$10,000 - \$24,999 \$25,000 - \$49,999

\$50,000 - \$74,999 \$75,000 - \$99,000 \$100,000 - \$149,999 \$150,000 and greater

Prefer not to answer

Is there anything else you would like us to know?

Name of person completing assessment: _____ Date: _____ Rev 4/1/2021