



GROWING WORKS REFERRAL FORM

All participants must be currently receiving services from VCBH

Referring Agency:

VCBH TAY Mobile Wellness TWC CLUBHOUSE NV HILLMONT CASAs OTHER

Client Information:

First Name: _____ Middle Initial: _____

Last Name: _____ Smart Care Client ID: _____

Gender: _____ Preferred Pronouns: _____

Street Address: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

- Receives VCBH Services with
Case Manager: _____ Case Manager Phone # _____
VCBH Clinic: _____ Case Manager Email _____

- Is a conservator involved? Yes No
- Is employment a future goal? Yes No
- Are preserving SSI benefits a concern? Yes No
- Participates in Recovery Centers: Please circle all that apply
Tay Tunnel, The Wellness Center, Clubhouse, New Visions, Mobile Wellness

Anything else we should know?

Growing Works provides transportation from The Wellness Center: Monday-Friday at 8:20 am

Please email this completed form to jenn.rodriguez@turningpointfoundation.org

PLEASE NOTE: Eligibility for Supported Employment at Growing Works requires 108 volunteer hours, completion of WRAP (10 sessions, no make-ups), a job skills class, resume and interview with GW Manager. There is NO GUARANTEE OF EMPLOYMENT for any Growing Works participant (Member).

