

OPPORTUNITY PASSPORT REFERRAL FORM

Please return completed form to Camille Ohri · cohri@central-plains.org · 308-212-0984

Opportunity Passport Survey ID _____ Date of enrollment _____

Referral by _____ Do you have a coach YES ___ NO ___

Past or Current St Ward at the age of 16 Yes ___ NO ___

First Name _____ Last Name _____

Date of Birth: _____ Age _____ Gender: Female ___ Male ___ Other _____

Current Address: _____

Cell: _____ Who does this number belong to: ___self___parent___other

Other Cell for contact: _____

Email: _____

Best way to connect to schedule classes? Cell ___ Email ___

Race: Caucasian ___ African American ___ Latino ___ Hispanic ___ Asian ___

Native American ___ Alaskan ___ Native Hawaiian ___ Pacific Islander ___

Multiracial ___ Other _____

Employed Yes ___ No ___ If yes the name of employer, your work schedule and hourly pay

School Yes ___ No ___ If Yes your school schedule _____

Are you currently living with an adult? Yes ___ No ___ If yes please list below

Name and Relationship _____

Your Marital Status: Single ___ Married _____

Do you have children? Yes _____ No _____ If yes do they live with you Yes ___ No ___

Where are you currently living? Independently ___ Transitional Housing ___ Friend ___

Foster Home ___ Birth Parent ___ Relative ___ Independent Living Program ___ Group

Home ___ Specialized Foster Care ___ Shelter ___ Homeless _____