

REFERRAL FORM – PLEASE FAX THE FOLLOWING INFORMATION

SID Number (if available): \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Referral Date \_\_\_\_\_ Program: MRT  MRT & Employment:  (For identification purposes only) Male  Female

Client's Name: \_\_\_\_\_ Print: First Middle Last Maiden

Address: \_\_\_\_\_ Street City State Zip Telephone No.:

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Gender M  F  Marital Status \_\_\_\_\_ Ethnicity \_\_\_\_\_

No. of Dependents \_\_\_\_\_ Living With Client? Yes  No  Highest Educational Level \_\_\_\_\_

All Known Offenses: \_\_\_\_\_

Current Sentencing Disposition: Probation  Parole  Treatment  Time in Treatment \_\_\_\_\_

What Jurisdiction: MULT.  CLACK.  WASH.  CLARK  FEDERAL  OTHER \_\_\_\_\_

If in Treatment - Program \_\_\_\_\_ Name Address

Conditions: \_\_\_\_\_ (Please forward copy of JUDGEMENT ORDERS when available)

Employment Restriction(s): \_\_\_\_\_

Referring Counselor/PO \_\_\_\_\_ Print Name Telephone No.

Referral Institution/Facility/Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Street City State Zip

IS THE CLIENT RECEIVING SERVICES FROM OREGON DEPT. OF VOCATIONAL REHABILITATION? Yes  No  IS THE CLIENT RECEIVING SERVICES FROM JOIN  RTC (ROAR)  FEDERAL PO

Comments/Concerns: \_\_\_\_\_

PO/Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Method of Payment – (if known)  Agency  Personal  Other Explain \_\_\_\_\_



## BETTER PEOPLE REFERRAL CRITERIA

**BETTER PEOPLE IS INTENDED FOR INDIVIDUALS HAVING LEGAL HISTORIES WHO ARE GENUINELY MOTIVATED TO GAIN AND RETAIN UNSUBSIDIZED EMPLOYMENT AND WHO HAVE SUFFICIENT ABILITIES FOR THEIR GOALS TO BE REALISTIC AND ATTAINABLE.**

### APPROPRIATE REFERRALS

- PERSONS WHO ARE JOB READY AND SERIOUS ABOUT SEEKING EMPLOYMENT.
- PERSONS WHO HAVE NO CONFLICTS PREVENTING THEM FROM MEETING ALL OF BETTER PEOPLE'S APPOINTMENTS.
- PERSONS COMMITTED TO AND FOCUSED ON ATTENDING TWICE-A-WEEK COGNITIVE BEHAVIORAL CLASSES – *MORAL RECONATION THERAPY (MRT®)*
- PERSONS WHO ARE AT LEAST 18 YEARS OF AGE.
- PERSONS WHO HAVE BEEN A MINIMUM OF 30 DAYS CLEAN AND/OR SOBER, OR HAVE BEEN ESTABLISHED IN TREATMENT FOR AT LEAST ONE MONTH, ARE STABLE REGARDING THEIR SUBSTANCE ABUSE BEHAVIOR AND AGREE TO REMAIN ACTIVE IN TREATMENT THROUGHOUT PARTICIPATION IN BETTER PEOPLE.
- PERSONS RESPONSIBLE FOR A ONE TIME, NON-REFUNDABLE ENROLLMENT FEE OF \$35
- PERSONS WILLING TO ABIDE BY ALL RULES REQUIRED TO PARTICIPATE IN THE PROGRAM.

### INAPPROPRIATE REFERRALS

- PERSONS WHO APPEAR TO BE PSYCHOTIC, EMOTIONALLY DISTURBED, SENILE, HAVING UNTREATED SUBSTANCE ABUSE PROBLEMS (NOT IN TREATMENT) AND/OR NOT PROPERLY TAKING PRESCRIBED MEDS.
  - PERSONS WHO DO NOT WISH TO OBTAIN UNSUBSIDIZED PRIVATE SECTOR EMPLOYMENT.
  - PERSONS WHO ARE IN NEED OF DAY CARE SERVICES BEFORE SEEKING EMPLOYMENT – THAT IS THEY HAVE NO CHILD CARE PROVIDER THAT WOULD ALLOW THEM TO SEEK EMPLOYMENT AND/OR ATTEND MRT CLASSES.
  - PERSONS SEEKING LONG TERM TRAINING PRIOR TO SEEKING EMPLOYMENT (REFER DIRECTLY TO OTHER OUTSIDE SERVICES OR VENDORS).
  - PERSONS WHO ARE NOT COMMITTED TO THE OBJECTIVES OF THE PROGRAM.

**NOTE:** PERSONAL CHECKS are not readily accepted. Submitting a personal check requires a waiting period of one (1) week before being granted admission to the program. Most agency checks *are* accepted without a waiting period.\* Please submit CASH, MONEY ORDER or CASHIERS CHECK.