

CareerTech Referral Form

Last Name: _____ First Name: _____ D.O.C. #: _____

Birthdate: _____ S.S. #: _____ U.S. Citizen? YES _____ NO _____

Facility/Site: _____ Unit: _____ Security Level: _____

Controlling Offense: _____ # Days Remaining: _____

Consecutive (CS) Sentences: _____ # Days on CS sentence(s): _____
(Please list)

Earned Credit Level: _____ Enhanced: YES _____ NO _____

If Earned Credit Level is less than IV, explain why: _____

Date of expected level increase: _____ Projected Discharge Date: _____

Does the inmate have any known warrants or detainers? YES _____ NO _____

If YES, Please list them: _____

Composite T.A.B.E. Score: _____ High School Graduate YES _____ NO _____
G.E.D. YES _____ NO _____

Has the inmate completed a CareerTech training program within the past five years? YES _____ NO _____

If YES, What program? _____ Where? _____ When? _____

Does the inmate have an identified CareerTech training need? YES _____ NO _____

Does the inmate have a CareerTech Pardon & Parole Board stipulation? YES _____ NO _____

Does the inmate have any existing medical condition or is taking any medication that would prevent participation in certain training activities and/or that require special accomodations during the training process? YES _____ NO _____

Types of previous employment/skills? _____

What program does the inmate want to participate in? _____

Does the inmate have a driver's license? YES _____ NO _____

If NO, please explain: _____

Discharge Location/City: _____

Contact Information: Name: _____ Relationship: _____
Phone: _____

Name of person completing this form: _____ Date: _____