

Connection Training Services PRI Referral Form

Fed/State/County (circle one)

Offender's Name: _____ Parole Number _____ DOC Number _____

Address: _____ City: _____ State: _____ Zip _____ Phone No.: _____

Parole Agent's Name: _____ Telephone No.: _____ Fax No.: _____

Date of Referral: _____ Referring Institution _____ Date Avail to enter program: _____

Offender's Custody Level _____ DOB: _____ SS#: _____ Release Date: _____

Offender's Home Plan address and phone number: (provide an emergency contact if info is not available)

Address	Phone Number
Does Offender have a work history? Yes or No If yes describe most recent: _____	
Did offender obtain any skills while incarcerated, if so list the skills obtained: _____	
Does offender have an interest in any particular occupation(s), if so list occupation(s): _____	
Does offender have a current or past Drug Addiction? Yes or No Halfway House ? Yes or No	
If yes, Name of Facility _____ Case Manager _____	
Type of Criminal Conviction: _____ Length of Incarceration: _____	
Any juvenile convictions? If so, when? _____	
Violent Conviction; Y or N Escape; Y or N MH Problems; Y or N Medical Problems; Y or N	
Sex Offender? Y or N Length of Parole or Community Supervision _____ Max Date: _____ (yrs/mos)	
Why do you feel that this person is a good candidate for our employment and training program? (use additional sheets if necessary)	

Person Completing this form: _____ Telephone No.: _____

Name/Title

Approved Yes No CTS Staff Signature _____ Date _____

Comments: _____

Instructions: Please complete the above information and fax the form with supporting documents to:

Ms. Brown at 215-430-0380
email: keytabrown@yahoo.com

***If you have any questions please contact our office at (215) 430-0381 ext. 0**