



# AJCC SYSTEM PARTNERS REFERRAL



## SECTION I: Customer Information

NAME; First, MI, Last:		LAST 4 of SSN:	
Phone Number:		Alternate Phone Number:	E-mail address:

## SECTION II: AJCC System Partner Referred To

INSTRUCTIONS: You are being referred to a San Bernardino County AJCC System Partner for consideration of services.			
Referred To (Organization):		Street Address:	City/State/Zip Code:
Contact Person:		Phone Number:	E-mail Address:
REQUIRED documents needed for visit:	Photo I.D. (proof of identity) U.S. Social Security card Proof of San Bernardino County residency Not Applicable		
	Document providing date of birth/age DD-214 (if military Veteran) Proof of Unemployment Insurance Eligible/Exhausted/Ineligible		
Referred For:	Assessment Family Services Education/Training Counseling, Personal Veteran's Services Job Search/Development	Vocational Rehabilitation Medical/Health Services Educational Testing Service (ETS) High School Equivalency Test (HSET) English as a Second language (ESL) General Education Development (GED)	Financial Assistance Housing Transportation Food Assistance Unemployment Insurance Senior Services Other
Comments:			
List of Other Agencies Referred To:			

## SECTION III: San Bernardino County AJCC System Partner Referral Contact Information

Referred From (Organization):		Phone Number:	
Street Address:		City, State:	Zip Code:
Referred By:		Phone Number:	E-mail Address:
Date Referred:			
Disclosure	Customer consents to disclose information with other partners: Yes No		
Signature:	I authorize the Agency/Individual Provider _____ to release information about me to the San Bernardino County AJCC System Partner. I understand this release will remain in effect unless I choose to revoke it.		
	Customer Signature		Date