

RECONNECTIONS REFERRAL FORM

Plainfield One Stop Center
200 West 2nd Street
Plainfield, NJ 07060
Phone: (908) 757-9090 Ext: 7311
Fax: (908) 757-9094

Elizabeth One Stop Center
921 Elizabeth Avenue
Elizabeth, NJ 07201
Phone: (908) 558-8000 Ext: 3283
Fax: (908) 558-8005

Mon and Tues 9:00am to 3:00pm

Mon thru Thurs 9:00am to 3:00pm

Contact: Ms. Waters

Client Information

Last Name: _____ First Name: _____
Street Address: _____
City/State/Zip: _____
Phone Number: _____
Date of Birth: _____

Services Needed/Requested

- Social Services: _____
- Employment: _____
- Education: _____
- Other: _____

Status

- Parole Probation Max out

Self Referral: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____
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Referral Information

Facility Referred By: _____
Contact Person: _____
Title: _____
Phone Number: _____
Date Referred: _____
Fax Number: _____

Email Address: _____

Legal History

SBI#: _____

Name: _____

Date of Last Conviction: _____

Nature of Offense(s): _____

Have you had a Drug Possession charge: YES NO Dates: _____

Have you had a Drug Distribution charge: YES NO Dates: _____

Have you ever been in Jail: YES NO Dates: _____

Have you ever been in Prison: YES NO Dates: _____

Number of times incarcerated as a juvenile: _____ How long?: _____

Number of times incarcerated as an adult: _____ How long?: _____

Total amount of time spent incarcerated as an adult: _____

Are you currently on Probation: YES NO For how long?: _____

Are you currently on Parole: YES NO For how long?: _____

Name of Probation/Parole Officer: _____

Phone Number: _____

Email: _____

How often do you meet?: _____

Are you required to be enrolled in RECONNECTIONS as a condition of your
probation/parole? YES NO

**I certify that the above information is correct and I give my permission to have my
referral submitted to RECONNECTIONS.**

Name of Applicant

Date