

GENERAL RELIEF OPPORTUNITIES FOR WORK IDENTIFICATION OF PARTICIPANT WITH SUPPORTIVE SERVICES NEEDS

To:
GROW Site: _____
Address: _____
GROW Name: _____

From:

The following participant has been identified as a having domestic violence, substance abuse and/or mental health problem. This problem requires immediate attention to assist him/her overcome barriers to employment. Please make the appropriate supportive services referrals.

1. PARTICIPANT INFORMATION

NAME (first/last): _____
DPSS Case Number: _____
GROW Activity: _____

2. SUPPORTIVE SERVICES

(Check all that apply)

Mental Health	Domestic Violence	Substance Abuse
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Name/Title/Signature of Authorization Person Date Phone Number Fax Number

3. PARTICIPANT AUTHORIZATION

I authorize the Department of Public Social Services to release of information to the above GROW services provider regarding the status of my GROW/General Relief application/case as it applies to my participation in Supportive Services.

Participant's Signature Date _____

4. FOR DPSS USE ONLY

Your request for GROW Supportive Services for the above-referenced participant has been received and an appointment to discuss the possible need for domestic violence, mental health and/or substance abuse supportive services has been scheduled for:

_____ Appointment Date	_____ Time	_____ Address
_____ GROW Case Manager	_____ Date	_____ Telephone