



REFERRAL Form

Reducing Gang Violence and
Improving the Quality of Life in Watts



10200 S Success Ave.
Los Angeles, CA 90002
(Office) 323-523-8699

Please make sure writing is legible

Participant Name:

Date :

Participant Email Address :

Participant Phone Number:

Participant Personal Data

Full Name :

Place Of Birth : Gender: M F Other

Date Of Birth :
D D M M Y Y Y Y

Address Street :

Mailing Address : family Size :
if different

City : Primary :
Language

Referring Agency

- | | | |
|--|--|--|
| <input type="checkbox"/> CHILDREN'S INSTITUTE | <input type="checkbox"/> WATTS GANG TASK FORCE | <input type="checkbox"/> HACLA |
| <input type="checkbox"/> MOTIVATED MOTHERS | <input type="checkbox"/> GRYD FOUNDATION | <input type="checkbox"/> WATTS/LOS ANGELES WORKSOURCE CENTER |
| <input type="checkbox"/> FATHERS ON THE MOVE | <input type="checkbox"/> LAPD / CSP | <input type="checkbox"/> SECTION 3 |
| <input type="checkbox"/> OTHER - ORGANIZATION <input type="text"/> | | <input type="checkbox"/> JOBS PLUS PROGRAM (NG) |

The participant must be a resident of Watts, CA and enrolled in or eligible to participate in the One Watts Initiative during October 2020 - December 2023

Program Requirements

- Must bring valid Drivers License or ID
- Must bring Social Security Card
- Must bring proof of Income
- Must Bring DD-214 (Veterans)
- Career Planning with a Life Coach
- Must bring proof of unemployment benefits and/or layoff letter (Laid-off workers)
- Must be 18-62 years old, formerly gang affiliated/involved and live in the Watts, CA area to participate in the CalVIP - One Watts Initiative.

COMMENTS

ONE WATTS INITIATIVE



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Participant Name:

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■ Referring Agency

Is the Participant gang-affiliated or gang involved? YES NO

Is the Participant seeking intensive employment services? YES NO

Is the participant currently: UNEMPLOYED IN TRAINING EMPLOYED

Is the participant interested in obtaining training services ? YES NO

Is the participant seeking counseling services? YES NO

Will the participant obtain counseling services through this referral? YES NO

Will the participant obtain supportive services through this referral? YES NO

Referring Agency & Office

Referring Agency Phone

Name of Person Referring

Name of Person Email

Comments

Please Return completed form in-person at Main office 10200 S Success Ave., Los angeles CA, 90002, WorkSource Center Imperial Courts or Job's Plus (Nickerson Garden's)

Completed forms can also be emailed to ccorbett.onewatts@gmail.com (please make sure writing is legible when emailing referral form)

For any questions or assistance please call the main office 323-523-8699

DATE :

Program Manager
WGTF/One Watts