



Upon completion please contact Opportunity Passport™ Coordinator via email at **OpportunityPassportAZ@gmail.com** regarding your referral form.

Please note: all information requested on this referral form will be kept confidential within the Sponsoring Organization and the Opportunity Passport™ partner organizations and evaluators.

REFERRAL FORM

PERSONAL INFO FOR APPLICANT:

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: _____

Date of Referral: ____/____/____

Ethnicity:

- ☐ Black or African American ☐ White or Caucasian ☐ Latino ☐ Hispanic ☐ Asian
☐ Pacific Islander ☐ Native American ☐ Native Hawaiian ☐ Multi-racial
☐ Other

How did you learn about Opportunity Passport™?

Are you currently pregnant or parenting? ☐ Yes ☐ No

Do you currently have a bank account? ☐ Yes ☐ No If yes, is it ☐ Checking ☐ Savings ☐ Both

If yes, please provide the name of the banking institution?

ADDRESS INFO:

Are you currently in State or Tribal Foster Care? ☐ Yes ☐ No

Are you currently in the Young Adult/Independent Living Program? ☐ Yes ☐ No

Are you currently in the Independent Living Subsidy Program? ☐ Yes ☐ No

Are you currently in the Transitional Independent Living Program (TILP) with Arizona's Children Association?
☐ Yes ☐ No

If you are in foster care, what is your housing situation (*i.e. group home, foster home, kinship placement, living independently in a house or apartment*)?

When did you begin living in your current housing situation? ____/____/____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

OPPORTUNITY PASSPORT™ REFERRAL FORM • CONTINUED

Home Phone: (____) _____ Alternate Phone: (____) _____

E-mail Address: _____

Name and Address of Relative, Guardian, Case Manager, Relative or Community Member Referring You
(if self-referring, please still include information for one adult contact).

Name of Adult: _____ Agency (if applicable): _____

Home Phone: (____) _____ Alternate Phone: (____) _____

E-mail Address: _____

Are they one of the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Mentor/Community Advisor | <input type="checkbox"/> Skills Worker |
| <input type="checkbox"/> Relative/Guardian | <input type="checkbox"/> Teacher/Educator | <input type="checkbox"/> CASA/GAL |

EMPLOYMENT INFORMATION:

Employment Status: ☐ Not Employed ☐ Part Time ☐ Full Time Hourly Pay Rate: \$ _____

Employer Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

How long have you been employed there: _____

EDUCATION INFORMATION:

Are you currently enrolled in school? ☐ Yes ☐ No ☐ Full Time ☐ Part Time

Type of School: _____

Highest grade level completed at this time: _____

Name of School: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

ASSET GOAL:

Please describe what you want to save for:

ELECTRONIC COMMUNICATION RELEASE:

I agree that the sponsors of the Opportunity Passport™ may contact me by electronic means; including by e-mail, text messages, voice mail, or through the use of internet tools (e.g. Facebook, MySpace, Twitter). I agree to the terms of the Electronic Communication Release:

☐ Yes ☐ No

APPLICATION CERTIFICATION:

My signature below certifies that all information provided on this application form is accurate and complete to the best of my knowledge.

Applicant Signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY

Date Received: ____/____/____ Enrollment Reviewed by: _____

☐ Enrollment Complete

☐ Paper file established

☐ Data entered in OPDS