



Sacramento County Referral (please complete in its entirety)

Participant Information

Name: _____

Probation/Parole Agent: _____

Alias: _____

Parole Agent Telephone #: _____

Address: _____

Parole Agent Email: _____

Telephone: _____

Parole Bureau: _____

D.O.B.: _____

Release Facility: _____

CDCR #: _____

Crime of Conviction: _____

U.S. Citizen: Yes No

Sentence Date : _____

Sex: Male Female Non-Binary

Release Date: _____

Substance Treatment Program: _____

Parole Expiration Date: _____

Medical illnesses that would impair ability to work:

Yes No

Registered for Selective Service

Yes No

Physically able to perform moderate-to-strenuous manual labor, e.g. standing for long periods of time, walking throughout the day, lifting 30-50 lbs? Yes No

Currently living in Transitional Housing or Homeless

Yes No

Primary Criminogenic Need: _____

Referring Organization: _____

Referring Case Manager: _____

Case Manager Telephone #: _____

Case Manager Email: _____

Please check which days participant is available for Transition Work:

Mon Tues Wed Thurs Fri

Participant required to bring the following paperwork:

(referring agency may also send copies with the referral)

- Social Security Card or Birth Certificate
- Photo ID (Gov't issued preferred but not required)
- Green Card (if not born in the U.S.), If applicable

* Send Referrals to ReferralsSacramento@ceoworks.org *