RECONNECTIONS REFERRAL FORM

Plainfield One Stop Center
200 West 2nd Street
Plainfield, NJ 07060
Phone: (908) 757-9090 Ext: 7311
Fax: (908) 757-9094
Mon and Tues 9:00am to 3:00pm

Elizabeth One Stop Center
921 Elizabeth Avenue
Elizabeth, NJ 07201
Phone: (908) 558-8000 Ext: 3283
Fax: (908) 558-8005
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: ☐ YES ☐ NO Date:_________________________

Referral Information

Facility Referred By: ___________________________________________________________
Contact Person: __________________________
Title: __________________________
Phone Number: __________________________
Date Referred: __________________________
Fax Number: __________________________
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