

Advancing Futures Referral Form

Please send completed form to Tamera Aryeetey at taryeetey@act-ct.org

Job Seeker Name: _____ Primary Language Spoken: _____

DOB: _____ Phone: _____ Email: _____

Sex at Birth: M F Gender Identity: Male Female Transgender Non-binary

Race: Black White Native American Asian Hawaiian/Pacific Islander Multiracial

Ethnicity: Hispanic or Latino Not Hispanic or Latino Document Ready: Yes No

If no, what is missing? Social Security Card Birth Certificate CT Picture ID

Household Size: _____ Household Income: _____

Currently Employed? Yes No

If yes, employer and job title: _____

If no, date of most recent employment: _____ Job Title: _____

Education (highest level completed): _____ Criminal History? Yes No

Do they receive benefits? Yes No Check any that apply: Cash Assistance SSDI

SSI SNAP Medicaid Medicare Housing Assistance Other: _____

Do they have transportation? Yes No Check any that apply: Own Car Public Bus

ADA Paratransit Uber/Lyft/Taxi Friend/Family Other: _____

What type of work/career is the job seeker interested in pursuing? Are they willing to attend training?

Please list any of the job seeker's relevant skills or interests:

Please list any necessary accommodations:

***** REFERRAL SOURCE INFORMATION *****

Name of person making referral: _____ Referral Date: _____

Agency: _____

Phone: _____ Email: _____

FOR ACT USE ONLY: Date Received _____

Updated: 3/31/26