



Social Service Referral Form

Referring Organization

Date / Time: _____

Agency Name: _____

Agency Address: _____

Referred By (Name **and** Contact Number): _____

I, _____, hereby certify that I have screened the below applicant as thoroughly as possible and confirm that, to the best of my knowledge, he/she meets the eligibility criteria.

(Required Signature)

Applicant Information

Name: _____

Date of Birth: _____ / _____ / _____

Social Security Number: _____ - _____ - _____

Photo ID State / ID #: _____

I, _____, hereby consent to a law enforcement background check for positive identification purposes and also to confirm that I do not have any open warrants and am not registered as a Sexual Offender / Sexual Predator. I release the City of Daytona Beach and the Daytona Beach Police Department from all liabilities associated with accessing law enforcement databases for the purpose of this background screening.

(Required Signature)

Referral Instructions

1. Verify the applicant meets the eligibility criteria
2. Complete the Social Service Referral Form
3. Email the following to _____:
 - a. Completed Social Service Referral Form
 - b. Copy of a photograph ID card (if the applicant does not have a photographic ID, email a current photograph of the applicant)

NOTE: Applications will not be processed without a copy of a photo ID or a current photograph of the applicant