



# 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: [cdleancy@firststepshelter](mailto:cdleancy@firststepshelter)
  - 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**