

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: [cdelancy@firststepshelter.org](mailto:cdelancy@firststepshelter.org)
   1. Completed Social Service Referral Form
   2. 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**