

# GENERAL RELIEF OPPORTUNITIES FOR WORK IDENTIFICATION OF PARTICIPANT WITH SUPPORTIVE SERVICES NEEDS

**To:**  
GROW Site: \_\_\_\_\_  
Address: \_\_\_\_\_  
GROW Name: \_\_\_\_\_

**From:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following participant has been identified as a having domestic violence, substance abuse and/or mental health problem. This problem requires immediate attention to assist him/her overcome barriers to employment. Please make the appropriate supportive services referrals.

### 1. PARTICIPANT INFORMATION

NAME (first/last): \_\_\_\_\_  
DPSS Case Number: \_\_\_\_\_  
GROW Activity: \_\_\_\_\_

### 2. SUPPORTIVE SERVICES

(Check all that apply)

Mental Health	Domestic Violence	Substance Abuse
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\_\_\_\_\_  
Name/Title/Signature of Authorization Person      Date      Phone Number      Fax Number

### 3. PARTICIPANT AUTHORIZATION

I authorize the Department of Public Social Services to release of information to the above GROW services provider regarding the status of my GROW/General Relief application/case as it applies to my participation in Supportive Services.

\_\_\_\_\_  
Participant's Signature      Date      \_\_\_\_\_

### 4. FOR DPSS USE ONLY

Your request for GROW Supportive Services for the above-referenced participant has been received and an appointment to discuss the possible need for domestic violence, mental health and/or substance abuse supportive services has been scheduled for:

_____ Appointment Date	_____ Time	_____ Address
_____ GROW Case Manager	_____ Date	_____ Telephone