



Clean City Partnership Program Referral Packet

Before an individual is eligible for participation in Clean City Partnership Program, the following information must be provided:

- A written reference confirming the participant's residency, shelter location or transitional housing facility.
- The candidate must have a current work release form stating their ability to do the work outlined in the program i.e. street sweeping, graffiti removal and bulky item removal.
- Proof of a recent Tuberculin Skin Test or chest x-ray. TB results must be negative and be no more than 6 months old.
- A resume, job history outline or a completed job history worksheet.
- Photocopies of social security card and a current photo ID issued by the state of California.

If the candidate is enrolled in a drug treatment facility:

- A letter confirming participation in a drug or alcohol treatment program. Candidate must have three months sobriety and be consistently attending drug or alcohol treatment.
- A release of information form from the drug or alcohol treatment center to Clean City Partnership Program must be included within the referral package.



Clean City Partnership Program – Participant Information Form

Clean City Partnership Program Start Date: _____

Participant Name: _____

Social Security # : _____ - _____ - _____

Current Address: _____

Phone/Contact #: _____

Referral Information

Referral Agency: _____

Caseworker: _____

Phone/Contact #: _____

Emergency Contact

Name: _____

Phone/Contact #: _____

Check all that apply

- PAES Recipient
- CalWorks Recipient
- General Assistance Recipient (**Please mark, even if Program is taking it**)
- Food stamps Recipient (**Please mark, even if Program is taking them**)
- Public Housing Resident
- Immigrant
- Care Not Cash Housing Resident

Do you have a **valid** Driver's License? Yes or No

If no, please explain _____

Authorization to Release Information

I, _____ residing at _____ do hereby authorize San Francisco Clean City Coalition to furnish information to the San Francisco Department of Human Services and 1) _____
2) _____ for the following purposes:

This authorization was completed in its entry and was read by (or to) me prior to signing.

Signature _____ Date _____

AUTHORIZATION FOR RELEASE OF INFORMATION BY SFDHS

I, _____ residing at _____ do hereby authorize San Francisco Department of Human Services and _____ to furnish information to San Francisco Clean City Coalition for the following purpose:

- Application process
- Employment records and reporting
- Medical and social history
- Results of any tests or examinations

This authorization is valid for 2 years or upon the written withdrawal of this consent. The information will be maintained in confidence and is for the sole use of the purpose stated above. This form was completed in its entirety and was read by (or to) me prior to signing.

Signature _____ Date _____

Pre-Employment Drug Testing Form

I understand that Clean City has the right to conduct pre-employment drug testing.

Date _____

Print Full Name _____

Signature _____

Treatment Program Verification Form

If you are residing or enrolled in a drug treatment program, before we can complete processing a participant's application into Clean City Partnership Program, verification of the applicant's treatment program by her/his Substance Abuse Counselor is required. Please fill out the requested information and attach participant's schedule for treatment services.

When completed, please return to your client or fax to 415-552-9202, Attention: Program Staff. Feel free to call us at 415-552-9201 if you have any questions.

Client: _____

Treatment Program: _____

Enrollment date: _____ Clean & sober since: _____

Counselor: _____

PLEASE PRINT

Facility Address: _____

Phone: _____ Fax: _____

Email: _____

Counselor's Signature: _____

Clean City Partnership Program Residence Verification Form

Before we can complete processing a participant's application into Clean City Partnership Program, verification of the applicant's residential accommodations by her/his counselor or landlord is required.

When completed, please return to your client or fax to Program Staff at 415-552-9202

Client/tenant: _____

Residence/Facility: _____

Resident since: _____

Counselor/Landlord: _____

PLEASE PRINT

Address: _____

Phone: _____ Fax: _____

Email: _____

Counselor's/Landlord's Signature: _____

Work Clearance Form

Before we can complete processing a participant's application into Clean City Partnership Program, verification of the applicant's capacity to work by her/his physician is required.

When completed, please return to your client or fax to 552.9202

This certifies that the individual noted below is in good physical condition and is able to participate in the work-related duties of Clean City Partnership Program. Duties may include walking up to three miles per day, street and gutter sweeping, lifting bulky items, painting out graffiti, bending, and participating in physically strenuous activities.

Client/patient: _____

Medical facility: _____

Date of examination: _____

Physician: _____

PLEASE PRINT

Address: _____

Phone: _____ Fax: _____

Email: _____

Physician's signature: _____

CA LIC#: _____

Tuberculosis/PPD Clearance Form

Before we can complete processing a participant's application into Clean City Partnership Program, a physician's clearance regarding his/her Tuberculin Skin Test or chest x-ray is required.

When completed, please return to your client or fax to 552.9202

Client/patient: _____

The individual above has received _____ PPD (strength: _____) on right / left forearm. He/she must return on _____ to read and record the test results.

RESULTS: Positive Negative

Physician: _____

PLEASE PRINT

Date of examination: _____

Phone: _____ Fax: _____

Email: _____

Physician's signature: _____

CA LIC#: _____

Work Experience History

1. Please fill out completely
2. Include all paid and unpaid (volunteer, prison, program) work experience
3. Start with your present or last job

Where did you work:	Dates: From _____ To _____ Mo/Yr Mo/Yr
Job Title:	
<u>Work Performed</u> (Please be specific)	
Where did you work:	Dates: From _____ To _____ Mo/Yr Mo/Yr
Job Title:	
<u>Work Performed</u> (Please be specific)	
Where did you work:	Dates: From _____ To _____ Mo/Yr Mo/Yr
Job Title:	
<u>Work Performed</u> (Please be specific)	
Where did you work:	Dates: From _____ To _____ Mo/Yr Mo/Yr
Job Title:	
<u>Work Performed</u> (Please be specific)	