

Bridge to Career Success

A partnership between the Department of Labor Licensing and Regulations, Department of Human Resources, Baltimore City Department of Social Services and the Mayor's Office of Employment Development

REFERRAL Form -- PLEASE PRINT

Date of referral:		Form completed by:
Name of youth:		
Address:		Zip:
Telephone number:	Youth	s e-mail:
Name of care provider:		_ Telephone:
BCDSS case worker:		_ Supervisor:
Address:		Zip:
Telephone number: Case v		worker's e-mail:
A state phose A Social S Education & Employmom Earned a high social S Dropped out of Health:	ent: school diploma/GED school in the grade	 A copy of their birth certificate Documentation of residency Currently in post-secondary education Seeking employment or training
Signature of Youth:		Date:
Return this form to:	Nichelle Dorsey BCDSS-Ready By 21 OR 3007 E. Biddle-Rm 285 ndorsey@dhr.state.md.us	Angela Gilbert BCDSS-Ready by 21 3031 E. Biddle-Rm 101 agilbert@dhr.state.md.us
lf you have any questi	ons about the Bridge to Caree Cheryl Horton 2919 E. Biddle-Rm 71 443-423-5123 chorton@oedworks.c	

TO BE COMPLETED BY MOED: Date Tour and Orientation Scheduled: _____