



Everyone needs a Second Chance!

Second Chance Society, Inc.

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SCS Client Survey
Referral and Request for Assistance Form

SCS Case Number:

Sections A, C & E to be completed by referring case manager and Section B & D by applicant

Section A - Referring Agency Case Manager Information

Form for Section A containing fields for Case Manager, Agency, Address, Phone Number, Email, Date, and Amount Applied For.

Section B - Applicant Information (To be filled out by Applicant)

Form for Section B containing fields for Name, Mail Address, City, State, Zip, SSN, Phone, Email, Ethnicity, Race, Marital Status, Age, Gender, Discharge Date, Disability, Children, Education Level, Arrest Record, Been in Prison, Emergency Contact, and Employment information.

Section B (cont.) – Applicant (Client) Information

Personal Testimony - *Tell us your story in the space provided.*

Plans for the Future - *What are your dreams?*

List of immediate needs and why. *Please be modest in your request as there are many in need.*

Section C – Case Manager Recommendations

Please describe at least two positive actions this client has performed to merit your referral.

SCS only this section

Recommended by –
Date:

Approved by – Date:

Section D – Outcomes Agreement and Release

As a Client of Second Chance Society, Inc., I understand and acknowledge that there is limited funding available for the Second Chance Hand Up Program for which I have applied for assistance. I have been informed that the funding for the Second Chance Program comes from private donations, corporate sponsorships and both public and private grants. I further understand that certain sponsorships and grants specifically require the Second Chance Society to track outcomes, or in other words to determine what happens to Clients in the period following the award of goods and/or services to the Client by the Second Chance Society. In most cases the information gathered by the Second Chance Society is used for statistical purposes.

In the event the Second Chance Society provides me with goods and/or services, I agree to cooperate with their need to track outcomes. For the period of one year following the date of assistance given to me by the Second Chance Society, I agree to keep in contact with the Second Chance Society, and to periodically report to them regarding my employment and living situation. I give my authorization for any agency and/or case worker who works with me as a client to release information to Second Chance Society with regard to my employment and living situation for a period of up to two years from the date of the award of any goods or services to me from the Second Chance Society.

I understand and agree that the story of my success through the Second Chance Society Hand Up Program may be shared by the Second Chance Society with others, printed, published or otherwise disseminated. I understand that any such revelation or publication shall be done in an anonymous manner, without identifying me by name, unless I specifically agree that my name may be used.

Client Signature

Date

Print Client Name

Section E – Referring Agency Acknowledgement of Outcomes Agreement and Release

I am the Case Manager for _____, the Client who I have referred to Second Chance Society for their assistance. I acknowledge that the Client has authorized me and my agency to periodically release information to Second Chance Society regarding the Client’s employment and living situation for a period of up to two years from the date of award any goods or services from Second Chance Society to the Client.

Case Manager Signature

Date

Print Case Manager Name

Print Agency Name