



## APPLICATION & REFERRAL FORM

*The GROWTH Project is a landscaping training and employment program which assists mental health consumers in gaining marketable skills and paid work experience, while working to beautify the grounds of public agencies in San Francisco.*

### CLIENT SECTION (to be completed by client)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Primary Language \_\_\_\_\_ Ethnicity \_\_\_\_\_ Gender \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
*I authorize my diagnosis and clinical information to be released by the referring source to the GROWTH Project team.*  
 CLIENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

### CLINICIAN SECTION (must be completed or co-signed by a licensed clinician)

Name of Referring Clinician \_\_\_\_\_ Credential \_\_\_\_\_  
 Agency / Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Client's BIS# (If applicable) \_\_\_\_\_ Does client have documentation to work in the US? Yes  No   
 Primary Diagnosis: \_\_\_\_\_  
 Current Treatment / Medication \_\_\_\_\_  
 Pertinent History / Hospitalizations \_\_\_\_\_  
 Current Mental Status (Symptoms) \_\_\_\_\_  
 Ability to Handle Responsibility \_\_\_\_\_  
 Ability to Tolerate a Full Day of Employment or Training \_\_\_\_\_  
 Motivation and Cooperation \_\_\_\_\_  
 Ability to Accept Constructive Feedback \_\_\_\_\_  
 Concentration / Learning Ability \_\_\_\_\_  
 Occupations or Situations to Avoid \_\_\_\_\_  
 Assaultive / Violent History \_\_\_\_\_  
 Frustration Tolerance \_\_\_\_\_  
 Judgment \_\_\_\_\_  
 CLINICIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_  
 Co-Signer Name (If Applicable) \_\_\_\_\_ Credential \_\_\_\_\_  
 Co-Signer Signature \_\_\_\_\_ Date \_\_\_\_\_  
***Referring clinician or co-signer must be an LPCC, MFT, LCSW, RN, NP, MD, PsyD, or PhD (In Psychology).***

**Please E-mail Completed Form to [CW\\_GP@LISTSRV.UCSF.EDU](mailto:CW_GP@LISTSRV.UCSF.EDU) or Fax to (415) 514-6466  
 If you have questions, please call Christine Ericksen at (415) 314-0528**