



APPLICATION & REFERRAL FORM

Due Friday, August 22nd 2025

The GROWTH Project is a landscaping training and employment program that 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) _____
 Client's Strengths _____
 Ability to Tolerate a Full Day of Employment or Training _____
 Ability to Handle Responsibility _____
 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, LCSW, MFT, NP, RN, MD, PsyD, or PhD (in Psychology)

Please E-mail Completed Form to CW_GP@LISTSRV.UCSF.EDU

(Note: this is a HIPPA secure email address)

If you have questions, please call Christine Ericksen at (415) 314-0528

**GROWTH is funded by the San Francisco Department of Public Health with Behavioral Health Services Act (Prop. 1) funds.*