

# Pennington Gap Inc

## Empowering Young Minds

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### Adult Services Referral Form

Name:\_\_\_\_\_ DOB:\_\_\_\_\_ Age:\_\_\_\_\_ Gender:\_\_\_\_\_

Address:\_\_\_\_\_ City/State:\_\_\_\_\_ Zip Code:\_\_\_\_\_

Phone:\_\_\_\_\_ Email:\_\_\_\_\_

Preferred Method of Contact (Email, Phone, Text):\_\_\_\_\_

#### Educational Background

Highest Level of Education Completed:\_\_\_\_\_

Current Enrollment Status (If Applicable):\_\_\_\_\_

Current Academic Strengths and Challenges:\_\_\_\_\_

Specific Areas of Focus:\_\_\_\_\_

Learning Style(s):\_\_\_\_\_

Educational Goal(s):\_\_\_\_\_

Barriers to Learning:\_\_\_\_\_

Previous Educational Programs Attended (if any):\_\_\_\_\_

#### Employment Information ( If Applicable)

Current Employment Status:\_\_\_\_\_

Occupation:\_\_\_\_\_

Work Schedule:\_\_\_\_\_

Career Goals:\_\_\_\_\_

#### Community Resource Needs

☐ Financial Assistance    ☐ Parenting Support Education    ☐ Food Assistance    ☐ Housing Assistance

☐ Healthcare Needs    ☐ Childcare Resources    ☐ Vocational Training

#### Peer Support/Mentoring Needs (If Applicable)

Career Interest(s):\_\_\_\_\_

Personal Strengths: \_\_\_\_\_

Personal Development Goals:\_\_\_\_\_

#### Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

Referral Source:\_\_\_\_\_