



PROJECT POSSIBILITY REFERRAL FORM

Download, complete, and send this form to projectpossibility@INCLUDEnyc.org or
116 East 16th St, 5th Floor, New York, NY 10003.

For questions please call: 212-677-4650 ext. 52 or email projectpossibility@includenyc.org.

Referral date: _____

Applicant Information

First name: _____ Last name: _____

Home address: _____

Phone: _____ Alt. phone: _____

E-mail address: _____ Birthdate: _____

Primary Language: _____

IEP Classification, if known: _____

Other disabilities, if any: _____

Services received in school: _____

Other services received, if any: _____

What educational or work-related activities has the applicant been participating in during the past year?

Referral Source Information (if other than applicant)

Name: _____ Relationship to applicant: _____

Address: _____

Phone: _____ Alt. phone: _____

E-mail address: _____

Parent / Guardian Information

Parent / Guardian(s) Name(s): _____

Relationship(s) to applicant: _____

Home address: _____

Phone: _____ Alt. phone: _____

E-mail: _____

Primary Language: _____

Education achieved (fill out all that apply)

Highest grade completed: _____

High School name: _____ Graduation / Expected Graduation Date: _____

College name: _____ Semesters Completed: _____

Purpose of referral

- Support with college goals
- Support with job readiness / career goals
- Other post-secondary goals: _____

Please provide any additional information about what you hope the applicant can achieve by participating in Project Possibility: