

continued

Mentee Referral Form

Do you need an accommodation: Yes No, Explain: _____

(Please use the backside of this form for Additional Information if needed)

Medical History

Name of Primary Care Physician: _____ Phone No. _____

Medical Insurance Provider: _____ Policy No. _____

Medical Insurance Provider Phone No: _____

Are you currently receiving treatment for any medical or disability-related issues? _____

Are you currently taking medication? If so, please specify: _____

Do you have any known allergies or adverse reactions to medications or food? If so, please specify: _____

Please read this carefully before signing:

CT Tech Act Project, Tech Mentor Program appreciates your interest in becoming a Mentee.

After receiving this completed application from you, we will evaluate the information and send you a letter letting you know if you have been accepted into the Tech Mentor Program. Much of the information you supply in this application packet will be used to match you with an appropriate Tech Mentor. Therefore, the mentoring staff may, at times, need to access and share this information with prospective Mentors and other parties when it is in the best interest of the match. Please initial each of the following:

_____ I agree to follow all Tech Mentor guidelines and understand that any violation on my part may result in suspension and/or termination of the Mentoring relationship.

_____ I hereby agree to hold the Department of Social Services and its agents and employees harmless from and against any and all claims, liabilities, judgments, assessments, penalties, awards or expenses of any kind or nature whatsoever relating to or arising out of my participation in the Tech Mentor Program. My participation in the Tech Mentor Program is voluntary.

_____ (For minors, Parent/Guardian must initial) I give my informed consent and permission for my son/daughter to participate in the CT Tech Act Project, Tech Mentor Program and its related activities.

I understand I must return this *completed* application along with the signed Release of Information Form and that any incomplete information will result in the delay of my application being processed:

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Prospective Mentee Signature (Parent/Guardian, if a minor)

Date

Please Print Prospective Mentee Name