



Orange County Re-Entry Partnership

Helping you help yourself to a better tomorrow

Success Story Information Form

The information on this application is important to help capture and keep track of the remarkable men and women who participate in our partner programs & services. All submissions will be considered for feature on our website at www.ocreentry.com. Please acquire proper permission from your client to feature them online prior to submission. Please also submit a recent head shot of the client as a jpg attachment. Head shots or action shots (of them at work etc) must be clear, include their face and contain only the client being featured. Photos containing profanity or anything graphic in nature will not be considered.

Please fill in and submit completed applications or questions to OCREP Board Member Meghan Medlin at mmedlin@tallersanjose.org

SECTION I: Referring Agency Contact Information

Referral First Name: _____ Referral Last Name: _____

Referring Organization: _____

Address: _____ City: _____ Zip: _____

Work ph. _____ Email: _____

SECTION II: Client Contact Information

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Home ph. _____ Cell ph. _____ Email: _____

Employer _____ Position _____

Salary/Hourly Wage (if willing to share) _____

SECTION III: The Client's Story (please remember to be respectful of each client, and ask open ended questions)

****Information may or may not be featured on OCREP's website****

Age _____

Highest level of education attained: _____

What was your life like before you came to (Referring Agency)?:

How did you hear about (Referring Agency)?: _____

What did (Referring Agency) do for you? (Have them list at least 3 actions/services that were provided): _____

What is life like today? _____

Is there a message you would like to send out to other people who are part of the re-entry community? _____

SECTION IV: Client's Role as a Success Story

Success Story Role Options (check all that the client is interested and/or willing to participate in)

- Share story in thank you letters and/or other printed sources
- Be featured on OCREP's social media platforms (ex. FaceBook)
- Speak publically at an OCREP general membership meeting and/or event
- Publish their photo, along with a story online at www.ocreentry.com (please provide a recent photograph following above guidelines)

SECTION V: Client Signature

I certify that all information provided to OCREP (Orange County Re-Entry Partners) is true, correct and complete to the best of my knowledge. I understand that OCREP and/or (Agency) _____ will verify information contained on my application.

I hereby authorize and give full consent to (Agency) _____ and OCREP to publish any photographs provided and/or information given for the purpose of promoting reentry services in Orange County. I further agree they may use, or cause to be used, these photographs for exhibition or advertising purposes, with or without limitation or reservation or any compensation other than the receipt of which is hereby acknowledged.

Client Printed Name: _____

Client Signature: _____ Date: _____

Referring Partner Printed Name: _____

Referring Partner Signature: _____ Date: _____

Thank you!