

CHEER: Post-Secondary Entrepreneurship Experience Application

Section I- Demographics:

Youth Name: _____ DOB: _____ Age: _____
Case Name: _____ Date CHEER Referral sent to CO? _____
Case Link #: _____ Participant Link #: _____ Youth Provider/Vender #: _____
Placement Address: _____ Telephone #: _____

Section II- DCF Info:

Area Office: _____
Social Worker Name: _____ Telephone #: _____ Supervisor: _____ Telephone #: _____
Program Manager Name: _____
Signature of Program Manager Approval: _____ Date: _____

Section III- Education & Services:

Year of High School Graduation: _____
 Attach a copy of GED/ High School Diploma
Was a PSE Plan submitted? Yes No
Referral was made to: DHMAS DDS Other _____

Section IV- Field of Interest:

landscaping butcher tailor/seamstress food service locksmith florist
 child care pet care bail bondsman bookkeeping sales shoe repair
 cabinetry upholstery jeweler tattooing other _____

Section V- Internship Partner Infor:

Partner Contact: _____ Address: _____ Telephone #: _____
Partner Vender #: _____

Section VI: For PSS Use only:

Accepted: Yes No

Reason: _____
