

Referring Information



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At Miss Julie's School of Beauty, we are committed to providing a supportive and transformative educational experience for our students. The 1000-hour Cosmetology program is designed to be challenging, and we aim to set our students up for success. We believe that the journey to a lucrative career in cosmetology begins with education and empowerment. To ensure the best experience for both the student and our program, we have established certain referral expectations and requirements.

We are not only an educational institution but also a place for healing and personal growth. We stand by our commitment to supporting students on their journey towards a brighter and more prosperous future.

Expectations from Our Students

Commitment to Success:

We expect our students to be committed to their own success. This includes attending classes regularly, completing assignments, and actively participating in the learning process.

Passion-driven Success:

We believe that students can best realize a beautiful future for themselves when they are motivated by a genuine passion for learning. Our school is structured to ensure the success of our students, and we are dedicated to helping them build a rewarding career in cosmetology.

Collaboration with Referring Agencies:

We work closely with referring agencies to ensure that all necessary support and resources are in place before students begin their journey with us. We will need an agency Point of Contact (POC) familiar with the student and a referring therapist.

Embracing a Therapeutic Supportive Environment:

Recognizing the potential trauma our students may have experienced, we have created a therapeutic and supportive environment using restorative practices. We expect our students to embrace this environment and seek assistance when needed.

The Student Experience

Support Care Plan:

If a student encounters difficulties during the program, we have established a safety care plan. This plan involves the student, Miss Julie's School of Beauty, and the referring agency coming together to develop a personalized strategy for success.

Licensure Support:

Our primary goal is to help students achieve licensure. We understand that licensure is a gateway to a lucrative career and a fresh start. We provide the guidance and knowledge necessary to obviate background checks and overcome personal history and trauma.

Referral Form



Referral Form

We appreciate your interest in referring an applicant to Miss Julie's School of Beauty.
Please complete the following before making a referral

Student Name:

Assessment:

Referral name:

1. Substance Use or Abuse History:

Has the applicant been diagnosed with substance use or abuse?

If "No," move to Question 2.

How long has the student been in treatment? _____

Is the student actively in recovery or have they completed a recovery program?

2. Criminal History:

Has the student been convicted of a crime?

If Yes, provide details:

3. NY State Requirements / Application Needs:

- State-issued photo ID:
- Social Security Number :
- Alien Registration Card
- Date of Birth
- High School Diploma
 - Release of Information Form:
 - Human Trafficking Confirmation Letter from the State:
 - Letter of Good Conduct -

Additional Explanatory Information: _____



4. How would you rate the applicant's:

(a) Level of Interest in the cosmetology field?

- 1: Very Low Interest
- 2: Low Interest
- 3: Neutral
- 4: High Interest
- 5: Very High Interest

(b). Ability to Form Professional Relationships

- 1: Poor Relationship Building
- 2: Limited Relationship Building
- 3: Adequate Relationship Building
- 4: Good Relationship Building
- 5: Excellent Relationship Building

(c) Oral Communication Skills

- 1: Very Ineffective
- 2: Ineffective
- 3: Neutral
- 4: Effective
- 5: Very Effective

(d). Ability to Have a Growth Mindset:

- 1: Strongly Fixed Mindset
- 2: Fixed Mindset
- 3: Neutral
- 4: Growth Mindset
- 5: Strong Growth Mindset

Please provide any additional comments: _____

Agency Agreement



Agency Agreement

At Miss Julie School of Beauty, we highly value the collaboration with referring agencies and appreciate the support you provide to students seeking educational opportunities. We believe that a strong partnership between our institution and referring agencies is essential to ensure the success of the students we serve. Together, we can empower students to achieve their educational and career goals within the beauty industry. Your support is invaluable in providing opportunities for success to these individuals.

This agreement outlines the expectations and responsibilities between [Agency Name] and Miss Julie's School of Beauty to ensure the successful referral, enrollment, and support of students seeking education at our institution. We recognize the importance of collaboration to serve the intended population effectively.

Statement of Purpose:

This agreement serves as a commitment to collaborate in providing educational opportunities to students in the beauty industry. By working together, we aim to ensure that referred students receive the support and resources they need to succeed in our program.

Referral and Assessment:

1. [Agency Name] acknowledges and agrees to review and adhere to the referral requirements specified by Miss Julie's School of Beauty. These requirements are designed to set students up for success and gather essential data to demonstrate that we are reaching our target population.
2. Our enrollment process is a multi-step interview process to assess readiness. At any point in the process we may be in touch with the POC to discuss student readiness and safety.

Step one: complete and submit referral form by _____, 2025. If readiness is observed by that date, student will go on to step 2.

Step two: individual interview with LCSW Mandy Winseman. If readiness and safety is observed student will be selected for step 3.

Step three: group session with potential students and LCSW Mandy Winseman.



Data Sharing: Release of Information

Agency & Miss Julie's School of Beauty agree to share relevant data and information as required to support the referral process and to monitor the progress and success of referred students. A release-of-information form is included as Attachment A to this Agreement.

Collaboration:

Both parties commit to maintaining open and effective communication to ensure a seamless and supportive environment for referred students. We ask each agency to select a (POC) that works with the referred student.

- Support Care Plan: We understand that individuals with a history of severe trauma may face challenges and setbacks. We are committed to working closely with referring agencies' POCs to develop and implement support care plans for our students. This includes addressing issues such as leave of absence, withdrawal, or disciplinary actions while ensuring proper resources and supports are in place.

Material Support:

Miss Julie's School of Beauty supplies student textbooks, computers, student toolkits, and uniforms.

We rely on referring agencies to help students with transportation, meals, housing, clothing, footwear.

Termination:

This agreement may be terminated by either party with written notice to the other party if either party fails to fulfill its obligations as outlined in this agreement.



Confidentiality:

Agency & and Miss Julie's School of Beauty will maintain the confidentiality of student records and any shared data in accordance with applicable laws and regulations. Students' names and other personal information are not to be disclosed to third parties without the express consent of the student. Research and data collection shall be anonymous, without use of students' personal identifying information.

Effective Date:

This agreement shall come into effect upon signature and shall remain in force until terminated in accordance with the terms outlined herein.

Signed:

Agency Representative

Miss Julie School of Beauty Representative

Date _____/_____/_____

[Agency's Contact Information]

Point of Contact for student

Name:

Title:

Attachment A



Student Name: _____

Attachment A

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Pursuant to HIPAA and Applicable Federal & State Laws

Client name:

Date of Birth

Today's Date:

I hereby authorize the disclosure of my protected health information as described below. This authorization may include, where applicable, the release of information related to:

- Alcohol and Drug Use or Treatment
- Mental Health Treatment
- Special Needs or Accommodations
- Criminal Records

I specifically authorize release of this information to:

Recipient Organization:

Miss Julie's School of Beauty

- Executive Director: Julie Chapus
- School Social Worker: Manda Winseman
- School Attorney: David Chapus

Purpose of Disclosure:

The purpose of this release is to support the development of care and safety plans for students when necessary. This includes, but is not limited to:

- Collaborating with referring agencies and designated points of contact to ensure appropriate support - Engaging with the school social worker (Manda Winseman) for readiness assessments, safety planning, and wraparound services
- Authorizing school attorney (David Chapus) to access criminal records solely for the purpose of advocating with the state for student licensure
- Enabling the Executive Director (Julie Chapus) to submit licensure paperwork to the appropriate state boards



Re-disclosure Statement:

I understand that any information disclosed to Miss Julie's School of Beauty under this authorization is protected by federal and state confidentiality laws. The recipient is prohibited from re-disclosing such information without my written consent unless specifically authorized by law.

Expiration:

This authorization shall remain in effect until:

One year from the date signed
 Upon written revocation
 Other: _____

I understand that:

- I may revoke this authorization at any time by submitting a written request
- Revocation will not affect any disclosures made prior to its receipt
- I am not required to sign this authorization, and my treatment or enrollment will not be conditioned on signing this form unless necessary for enrollment or licensure processes
- I am entitled to a copy of this authorization

Signature of Client or Legal Guardian: _____

Printed Name:

Relationship (if not client):

Date: