



La Cocina VA

Bilingual Culinary Job Training Program

Community Agency Referral

Agency: _____

Address: _____

Office Telephone: _____

Cell: _____

Fax: _____

Contact Name: _____ Title: _____

Date of Referral: _____

Name of client referring to the Culinary Training Program: _____

Reason for Referral: _____

MH History: Mention the most relevant information: _____ Dates: _____

1. _____

2. _____

3. _____

Addictions: Alcohol or Drug Use: Mention any current or past treatment. _____ Dates: _____

1. _____

2. _____

3. _____

Psychological and Environmental Problems:

___ A. Housing Problems

___ E. Problems Accessing Health Care Services

___ B. Educational Problems

___ F. Problems Related to Immigration Legal System

___ C. Economic Problems

___ G. Occupational or Vocational Problems

___ D. Domestic Violence Problems

___ H. Problems Related to Interaction with Legal System

What skills would your client be bringing into the program?

Skill 1: _____

Skill 2: _____

Skill 3: _____

What goals are you currently working on with the client?

Goal 1: _____

Goal 2: _____

Goal 3: _____

What skills would you like your client to obtain from the Bilingual Culinary Job Training Program?

1. _____

2. _____

3. _____

What current challenges are you having with the client?

1. _____

2. _____

3. _____

Are you willing to maintain collateral support with La Cocina VA and attend meetings so we can help the client to be successful?

Yes **No**

Are there any programmatic restrictions that would prohibit or interfere with the client's ability to participate in programs between 8.00 am to 5.00 pm. Yes No

(Please specify the restrictions and include times of day your client will not be available)

1. _____

2. _____

3. _____

Title

Signature

Date