Culinary Job Training Program – Referral Form

Agency: ____________________________________________________________

Address: __________________________________________________________

Referrer/Contact Name: __________________ Title: ______________________

Office Telephone: ___________________ Cellphone: ______________ Fax: ______________

E-mail Address: _____________________________________________________

Name of referred client: _____________________________________________

Phone number and email of referred client: ____________________________

Reason for referral:

________________________________________________________________________

Psychological and/or Environmental Considerations (select all that apply):

- Housing Instability
- Limited Access to Health Care
- Learning Disabilities
- Pending Immigration Process/Documentation
- Economic Instability
- History of Domestic Abuse
- Criminal History/Record
- Mental Health Challenges

For any marked considerations above, what steps, if any, has the person you are referring taken to address them?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What skills would the person you are referring be bringing to the culinary job training program?

Skill 1: __________________________________________________________________

Skill 2: __________________________________________________________________
What goals are you currently working on with the person you are referring?

Goal 1: ______________________________________________________________________________

Goal 2: ______________________________________________________________________________

What skills would you like the person you are referring to obtain from the culinary job training program?

1. ______________________________________________________________________________

2. ______________________________________________________________________________

3. ______________________________________________________________________________

Are there current challenges that you are experiencing with the person you are referring?

1. ______________________________________________________________________________

2. ______________________________________________________________________________

3. ______________________________________________________________________________

Are you willing to collaborate with La Cocina VA and participate in any meetings so we can help the person you are referring to be successful?

___ Yes  ___ No

Are there any programmatic restrictions that would prohibit or interfere with the person you are referring’s ability to participate?  ___Yes  ___ No

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

1. ______________________________________________________________________________

2. ______________________________________________________________________________

La Cocina VA does not and shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, military status, or sexual orientation, in any of its activities or operations. We are committed to providing an inclusive and welcoming environment for every person that interacts with our organization.