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):

- o Housing Instability
- o Limited Access to Health Care
- o Learning Disabilities

- o Pending Immigration Process/Documentation
- o Economic Instability

- o History of Domestic Abuse
- o Criminal History/Record
- o 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: _____

DATE: _____

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.

DATE: _____