Agency:	
Address:	
Office Telephone:	Fax:
Contact Name:	_ Title:
Email Address:	
Cell:	Date of Referral:
Name of client referring to the CJT Program:	
Why is the client currently under your care:	
How long have you been working with the client?	
How often do you communicate with the client?	
How often do you meet with the client?	
What agencies do you collaborate with for the bette	rment of the client and in what capacity?
1	
2	
What are the client's goals (short term/long term)?	
1	
2	
What are the client's current challenges?	
1	
2	
Reason for Referral:	

What are the challenges you are wo	orking on with t	he client? (If any)	
1			
2			
<u> </u>	n collaborative :	place of any social service agency the client is/ support (maintain an open line of communica overall well-being of the client?	
	Yes	No	
Are there any restrictions that woul through Friday from 8 AM to 5 PM?	•	fere with the client's ability to participate Mor	nday
	Yes	No	
If so, please specify the restrictions	and include the	times of day:	-
Additional Enclosures:			
Summary of the client's psyConsent of release signed I		sment	
Signature		Date	

<u>APPLICANTS:</u> Please note that if you do not have a point of contact to any community services, you should have someone write you a **letter of recommendation instead of fill out this form.** That person should be a past mentor, supervisor (volunteer/professional), or teacher. It can also be a clergy member.

This letter should include 3 parts:

- 1) How does the reference know the applicant? How has the reference seen the applicant work/volunteer/learn?
- 2) What **barriers** is the applicant facing to employment? Can the reference speak to these barriers?
- 3) Why is the applicant a viable candidate for DCCK's Culinary Job Training program?