CULINARY JOB TRAINING PROGRAM | AGENCY REFERRAL FORM



Agency:		
Address:		
Office Telephone:	Fax:	
Contact Name:	Title:	
Email Address:		
Cell:	Date of Referral:	
Name of client being referred to 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 bett	erment of the client and	l in what capacity?
What are the clients goals?		

PLEASE TURN OVER

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What are the clients current challenges?		
Reason for referral:		
What challenges are you working on with the client	t (if any)?	
DC Central Kitchen's Culinary Job Training is a train of any social service agency the client is/will be utilized collaborative support (maintaining an open line of with DCCK to promote the overall wellbeing of the	zing. Are you willing to maintain communication, attend meetings, etc.)	
☐ YES ☐ NO		
Are there any restrictions that would prohibit/interf Monday through Friday from 8 am to 5 pm?	ere with the client's ability to participate	
☐ YES ☐ NO		
If so, please specify the restrictions and include the	times of day:	
Additional Enclosures:		
☐ Summary of the client's psychosocial assessmen	t	
☐ Consent of release signed by client		
Signature	Date	

APPLICANTS: 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 filling out this form**. That person can be a past mentor, supervisor (volunteer or professional), teacher or clergy member. The 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 those barriers?
- 3. Why is the applicant a viable candidate for DCCK's Culinary Job Training program?