

Client/Applicant Name: \_\_\_\_\_



404 Euclid Avenue  
San Diego, CA 92114  
619-450-4040  
<http://kitchensforgood.org>  
[training@kitchensforgood.org](mailto:training@kitchensforgood.org)

**PROJECT LAUNCH CULINARY APPRENTICESHIP PROGRAM AGENCY REFERRAL FORM**

Please fill out and submit this form to [training@kitchensforgood.org](mailto:training@kitchensforgood.org) or drop it off at 404 Euclid Avenue, San Diego CA 92114. You can also access the PDF form at <http://kitchensforgood.org/culinary-job-training/>.

If you have not done so already, please have your client complete the Project Launch Culinary Apprenticeship Program Application. Applicants can view program requirements and complete their application online at <http://kitchensforgood.org/culinary-job-training/>. Hard copy applications can be submitted to [training@kitchensforgood.org](mailto:training@kitchensforgood.org) or at the address provided above.

**Upcoming Classes**

Class Number	Application Due Date	Class Start Date
9	August 20, 2017	September 20, 2017
10	October 29, 2017	November 29, 2017
11	January 4, 2018	February 14, 2018

**REFERRER AGENCY INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_ Agency \_\_\_\_\_  
Email \_\_\_\_\_  
Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

**GENERAL REFERRAL AND CLIENT INFORMATION**

Referral Date \_\_\_\_\_ Referral for Class # \_\_\_\_\_  
Client First Name \_\_\_\_\_ Client Last Name \_\_\_\_\_  
Client Phone \_\_\_\_\_ Client Email \_\_\_\_\_  
Reason for Referral \_\_\_\_\_

**REFERRER AND CLIENT RELATIONSHIP INFORMATION**

Why is the Client Under Your Care \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
How Long Have You Been Working Together \_\_\_\_\_  
\_\_\_\_\_  
How Often Do You Communicate \_\_\_\_\_  
\_\_\_\_\_  
How Often Do You Meet \_\_\_\_\_  
\_\_\_\_\_

What Other Agencies  
Do You and Your  
Client Collaborate With

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What Are the  
Client's Short and  
Long Term Goals

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What Are the  
Client's Current  
Challenges

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What Challenges  
Do You Have With  
the Client

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Anything Else We  
Should Know

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**CONTINUED COLLABORATION, CLIENT ATTENDANCE, SIGNATURE**

Kitchens for Good Culinary Apprenticeship Program will not take the place of any social service agency the client is/will be utilizing. Are you willing to maintain collaborative support (maintain an open line of communication, attend meetings, etc.) with Kitchens for Good to promote the overall well-being of the client?

Yes  
No

Are there any restrictions that would prohibit/interfere with the client's ability to participate Monday through Friday from 8:30am-4:30pm?

Yes  
No

Specify Attendance Time Restrictions (Day and Time)

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Signature

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Date

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