



**Project Launch
Culinary Job Training
Agency Referral Form**

Please fill out and submit to Kitchens for Good Staff. You can email it to info@kitchensforgood.org or drop it off at 404 Euclid Ave, San Diego CA 92114.

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 betterment of the client? 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 having with the client? (if any)

1. _____

2. _____

Is there anything else you think we should know about this client? _____

Kitchens for Good is a training program, and 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

If so, please specify the restrictions and include the times of day

1. _____

2. _____

Additional Enclosures:

- Summary of the client's psychosocial assessment
- Consent of release signed by client

Signature

Date