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

**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 or complete the form online 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 the email or physical address provided above. Clients cannot be considered for the program until the application is received.

Once we receive your client's application, we will review it and invite selected candidates for interviews within 1 month of the class start date. Please note that submitting an application does not guarantee an interview or a spot in the apprenticeship program. If the candidate successfully completes the interview, he/she will be scheduled to do a 4 hour trial shift in our kitchen. During the trial kitchen shift, candidates will be evaluated on punctuality, ability to follow instructions, ability to focus, team-work, and attitude.

All information in this form will be used by Kitchens for Good staff to better understand each potential trainee's abilities, situation, and needs. Information will be kept confidential.

**Upcoming Classes**

Class Number	Application Due Date	Class Start Date
10	November 6, 2017	December 6, 2017
11	January 14, 2018	February 14, 2018
12	March 25, 2018	April 25, 2018
13	June 9, 2018	July 9, 2018

Fields marked with an asterisk (\*) are required.

**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 Phone \_\_\_\_\_  
 \*Client Last Name \_\_\_\_\_ Client Email \_\_\_\_\_

**REFERRER AND CLIENT RELATIONSHIP INFORMATION**

\*Reason for Referral \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \*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 \_\_\_\_\_  
\_\_\_\_\_

\*What Are the Client's Short and Long Term Goals \_\_\_\_\_  
\_\_\_\_\_

\*What Are the Client's Current Challenges \_\_\_\_\_  
\_\_\_\_\_

\*What Challenges Do You Have With the Client \_\_\_\_\_  
\_\_\_\_\_

Anything Else We Should Know \_\_\_\_\_  
\_\_\_\_\_

\*Is Your Client Considered Low Income (Earns Less Than \$19,000 Per Year)?  
For Additional Income Level Information Visit: [https://www.sandiego.gov/sites/default/files/hud\\_income\\_limits\\_june\\_2017\\_update.pdf](https://www.sandiego.gov/sites/default/files/hud_income_limits_june_2017_update.pdf)

Yes  
No

**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

If Yes, Specify Attendance Time Restrictions (Day and Time) \_\_\_\_\_

\*Signature \_\_\_\_\_ \*Date \_\_\_\_\_