



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

Client/Applicant Name: _____

PROJECT LAUNCH CULINARY APPRENTICESHIP PROGRAM AGENCY REFERRAL FORM

Please fill out and submit this form to 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
12	April 6, 2018	May 2, 2018
13	June 15, 2018	July 9, 2018
14	August 19, 2018	September 19, 2018
15	October 29, 2018	November 28, 2018
16	January 4, 2019	February 6, 2019
17	March 15, 2019	April 17, 2019

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 \$20,450 Per Year)?
For Additional Income Level Information Visit:
https://www.sandiego.gov/sites/default/files/hudincome/limitscosd_2018.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 _____