



2799 Health Center Drive
 San Diego, CA 92123
 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 -2799 Health Center Drive, San Diego 92123. 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. **The upcoming application due dates and class start dates can be found on the current flyer or on the organization website.** 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 prior to 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 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. Program applicants who successfully complete the kitchen trial will be asked to complete an employment application and an authorization to conduct a criminal background check.

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. **Project Launch is an equal opportunity employer/program, auxiliary aids and services are available upon request to individuals with disabilities.**

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

*Does Your Client Earn Less Than \$20,450/Year (Low Income Status According to HUD)? Yes No

*If No, What is Their Annual Income _____

I Hereby Certify That the Above Information Regarding Client's Income is Truthful Based on My Knowledge and Experience Working With the Client.

*Name _____ *Signature _____

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 _____