



Vocational Services Program Referral

Please complete both pages.

Referral Date: _____ Referred Individual: _____

Client's Phone #: _____

Client's Email Address: _____

Town where client resides: _____

Client's Primary Language: _____

Agency Contact Person: _____ Phone #: _____

Agency Contact Email Address: _____

Agency Name & Location: _____

Please check program of choice:

Vocational Services

Job Readiness Classes

The **Job Readiness Classes** are an integral part of our program, with most clients benefitting from the experience. All referred clients will have an initial meeting with the Vocational Services Program Director or the Bilingual Vocational Services Program Manager in Silver Spring, Rockville, or Gaithersburg.

- If a client is working part time and looking for a better job, he or she may go directly to one-on-one vocational counseling.
- Following an initial meeting with the Program Director, we may suggest that a client go directly to one-on-one vocational counseling. This decision will be at the discretion of the Vocational Services Program.

Introduction to Microsoft Office

The Introduction **to Microsoft Office** course will familiarize participants with Microsoft Word, PowerPoint and Excel. The course is for individuals who have a basic working knowledge of computers but little or no experience with Microsoft programs. It is a great way to learn new computer skills and will help participants become more marketable when applying for jobs.

Why is the client a good candidate for the vocational program? List areas of strengths and weaknesses in your response.

What are the client's vocational goals? What types of jobs does the client want to obtain? _____

What assistance does the client need in order to obtain and maintain employment?

- Assistance with preparing a resume
- Assistance with preparing a cover letter
- Assistance with completing job applications
- Locating job openings
- Preparing for an interview
- Support with maintaining a job

Please note any additional information about the client within the past 6 months:

Additional Information			Additional Information				
Substance Use	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Refuse	Mental Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Refuse
Legal Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Refuse	Health Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Refuse
Incarceration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Refuse	Domestic Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Refuse
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Refuse	Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Refuse

If yes for any of these items, please explain in greater detail. _____

Please e-mail this referral form to:

Carolyn Johnson, Vocational Services Program Director
cjohnson@iworksmc.org or fax to Carolyn's attention at: 301-587-8824
