



## Vocational Services Program Referral

Please complete both pages.

Referral Date: \_\_\_\_\_ Referred Person: \_\_\_\_\_

Client's Phone #: \_\_\_\_\_

Client's Email Address: \_\_\_\_\_

Agency Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agency Name & Address: \_\_\_\_\_

Please check program of choice:

**Vocational Services**

The **Job Readiness Classes** are an integral part of our program, with most clients benefitting from the experience. All referred clients should have an initial meeting with the Vocational Services Program Director or a Bilingual Vocational Counselor 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 some clients go directly to one-on-one vocational counseling. This decision will be at the discretion of the Vocational Services Program.

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

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

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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 indicate any risk factors (within the past 6 months):

<b>Risk Factor</b>				<b>Risk Factor</b>			
Alcohol	Yes	No	Unknown	Mental Illness	Yes	No	Unknown
Drugs	Yes	No	Unknown	HIV / AIDS	Yes	No	Unknown
Legal	Yes	No	Unknown	Medical	Yes	No	Unknown
Incarceration	Yes	No	Unknown	Abuse	Yes	No	Unknown
Suicidal	Yes	No	Unknown	Fire Setting	Yes	No	Unknown
Homicidal	Yes	No	Unknown	Other	Yes	No	Unknown

If yes for any of these risk factors, please explain in greater detail. \_\_\_\_\_

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Please e-mail this referral form to:

**Carolyn Johnson, Vocational Services Program Director at  
cjohnson@iworksmc.org**