



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**

_____ **Job Readiness Classes**

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 well suggest that a client 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. _____

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

Risk Factor				Risk Factor			
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. _____

Please e-mail this referral form to:

**Gerard Etienne, Vocational Services Program Director at
getienne@iworksmc.org or fax to Gerard's attention at: 301-587-8824**