INTRODUCTION TO 3D PRINTING & ESSENTIAL JOB TRAINING

Referral Form - Due by Monday, October 4th

A Collaboration between Citywide Employment Services and Behavioral Health Services

Client Name		DOB	
Primary/Language:	Ethnicit	ty Gender _.	
Address			
Phone :	Email		
Case Mgr/Therapist		Email	
Agency		Contact #	
Do you a valid identification card for employment?	Do you a valid social security or tax identificat card?	tion	
Can you show proof of COVID-19 vaccination?	caru:		
stores. First Impress the job training, pro	sions 2.0 assists mental heal viding mentorship and secu	for essential jobs in hardware and home improvement lth consumers in learning marketable skills, receiving on uring employment in the community. eed and exchanged by the referring source to the Citywide	
, ,		DATE	
CLIENT'S SIGNATURE:	is section must be completed	DATE :	
CLIENT'S SIGNATURE: LINICIA CLINICAL SECTION: Thi	is section must be completed a	by a licensed clinician.	
CLIENT'S SIGNATURE: LINICIA CLINICAL SECTION: Thi Pertinent History / Hos	is section must be completed is spitalizationsedication	by a licensed clinician.	
CLIENT'S SIGNATURE: LINICIA CLINICAL SECTION: Thi Pertinent History / Hos Current Treatment/Me Current mental status (symptom.	is section must be completed a spitalizations dication sedication	by a licensed clinician.	
CLIENT'S SIGNATURE: CLINICAL SECTION: This Pertinent History / Hos Current Treatment/Me Current mental status (symptoms Able to tolerate full day of employed	is section must be completed is spitalizationsspitalizations)?	by a licensed clinician. Ability to handle responsibility?	
CLIENT'S SIGNATURE: CLINICAL SECTION: This Pertinent History / Hos Current Treatment/Me Current mental status (symptoms Able to tolerate full day of employed	is section must be completed is spitalizations edication s; s)? yment training?	by a licensed clinician. Ability to handle responsibility? Motivation & cooperation?	
CLIENT'S SIGNATURE: CLINICAL SECTION: This Pertinent History / Hos Current Treatment/Me Current mental status (symptoms Able to tolerate full day of employ Ability to accept constructive feed Occupations/situations to avoid?	is section must be completed is spitalizations edication s; s)? yment training?	by a licensed clinician. Ability to handle responsibility? Motivation & cooperation? Concentration/learning ability?	
CLIENT'S SIGNATURE: LINICIA CLINICAL SECTION: This Pertinent History / Hose Current Treatment/Me Current mental status (symptom.) Able to tolerate full day of employ Ability to accept constructive feed	is section must be completed is spitalizationsspitalizations)? syment training? dback?	by a licensed clinician. Ability to handle responsibility? Motivation & cooperation? Concentration/learning ability? Assaultive/violent history?	

INTRODUCTION TO 3D PRINTING & ESSENTIAL JOB TRAINING

Referred by: (name & credential)	Signature	
*Co-Signature: (if applicable)	Signature	
Agency/Address	Phone	Date
* Referrer or Co-signer must have one of th	nese professional credentials: LPCC, LCSW, MFT, MD, Psy	D, or PhD (in Psychology)