



CLIENT REFERRAL FORM

Working Wardrobes' Client Services Team supports working age adults with a variety of workforce readiness services and linkages to community resources in an environment of dignity and respect. You can refer someone you know or fill out the information below for yourself. A member of our team will follow up with you regarding next steps.

Client Type: Veteran Reentry Senior (55+) Adult Young Adult Date _____

PARTICIPANT INFORMATION

Participant Name: _____
 Phone Number: _____
 Email: _____
 Address: _____

REFERRING AGENCY/PROGRAM (if Applicable)

Name of Referring Agency/Program: _____
 Contact Person: _____
 Phone Number: _____
 Email: _____
 Address: _____

HOW CAN WE HELP?

Select current needs & service requests:

- Career Navigation/Management
- New/Update Resume
- Do you have a resume? Yes No
- Job Leads/Placement
- Mock Interview Practice
- Financial Assistance
- Community & Supportive Services
- Legal Services Referral
- Housing Referral

VETERAN SERVICES

Possess Copy of DD 214: Yes No
(Proof of military service required)

- Veteran Housing Referral
- VA/VSO Referral (Claim)
- Behavioral Health Counseling (OCVets)

Skills Training *(indicate any specific skills you wish to develop)*

Certification Training *(indicate any specific certificates you wish to complete)*

JOB/INDUSTRY INTEREST

- I am unsure about what type of job/industry I want.
- I have a good idea what type of job/industry I want. (job/industry): _____
- I am looking to transition from one job/industry to another.
- (current job/industry): _____
- (desired job industry): _____

Email Referral To:
clientreferral@workingwardrobes.org

Working Wardrobes Career Success Center
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