

CLIENT REFERRAL FORM

Working Wardrobes' Client Services Team supports working age individuals with workforce readiness services and linkages to community resources in an environment of dignity and respect.

- Select all that apply:
- | | |
|---|---|
| <input type="checkbox"/> I am between the ages of 16–28 | <input type="checkbox"/> I have served in the US military |
| <input type="checkbox"/> I am between the ages of 29–54 | <input type="checkbox"/> I am a spouse of a Veteran |
| <input type="checkbox"/> I am over the age of 55 | <input type="checkbox"/> I have been justice involved |

PARTICIPANT INFORMATION

Participant Name: _____ **Date:** _____
Phone Number: _____ ☐ Check if ok to text
Email: _____
Address: _____

REFERRING AGENCY/PROGRAM (if applicable)

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

HOW CAN WE HELP?

- | | |
|--|--|
| <input type="checkbox"/> Career Navigation/Case Management | <input type="checkbox"/> Workforce Readiness Workshops |
| <input type="checkbox"/> New/Updated Resume | <input type="checkbox"/> Professional Wardrobe |
| Do you have a resume? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Referrals to community partners, such as Housing, Behavior Health, Food, etc. |
| <input type="checkbox"/> Job Leads | |
| <input type="checkbox"/> Mock Interview Practice | |
| <input type="checkbox"/> Industry Specific Skills & Certification Training
(indicate any specific skills you wish to develop) | |

VETERAN SERVICES

(proof of military service and/or spouse status required)

Possess Copy of DD 214: Yes No

Copy of Marriage Certificate or DEERS enrollment: Yes No

- | |
|---|
| <input type="checkbox"/> Veteran Housing Referral |
| <input type="checkbox"/> VA/VSO Referral (Claim) |
| <input type="checkbox"/> Behavioral Health Counseling |

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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