



**Rapid Employment Program  
Submit Referral to  
krawls@jobtrainworks.org**

<b>Client Name:</b>	
<b>Address:</b>	
<b>HMIS #:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Date of Birth:</b>	
<b>Exit Date:</b>	

**Current Employment Status (Circle All that Apply):**    \*Unemployed    \*Employed (Full Time)

\*Employed (Part-Time)    \*Intern/Extern    \*Student    \*Retired    Other \_\_\_\_\_

**Employment Barriers (Circle All that Apply):**    \*Excused Absences Needed (Medical/Legal/Other)

\*Medical Condition (short or long)    \*Dependent Adult/Child Care Assistance    \*Legal/Expungement Assistance

\*Housing Navigation Needed    \*Domestic Violence Assistance    \*Child Welfare Service (CPS) Navigation

\*Wellness Assistance    \*Disability (Learning)    \*No GED/HSD    \*ESL Assistance

\*Substance Abuse Navigation    Other \_\_\_\_\_

**Do you have reliable transportation during program hours (Flexible)?**     Yes     No    (Add Comments Below)

**Do you have a Child Care Plans during Program Hours?** (If yes, please describe plan on the space below)

Yes     No     N/A-

**Additional Employment Barrier Information:**

**Employment Needs (Circle):**    \*Employed (Full Time)    \*Part-Time Employed    \*Student    \*Intern  
\*Retired    \*Other: \_\_\_\_\_

**Top 3 Employment Interest:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**ALL ADDITIONAL COMMENTS (please discuss any additional information as required or needed):**

\_\_\_\_\_  
\_\_\_\_\_

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**TO BE COMPLETED BY REFERRING PERSON:** NAME (Please Print): \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY NAME (Please Print): \_\_\_\_\_