

*Please review "Expectations For Office Mentoring Program" with client before making referral. If client is in agreement with the expectations, please have client sign the "Office Mentor Agreement".*

**Referral for Office Mentoring**

Date \_\_\_\_\_

Referring Workers Name \_\_\_\_\_

Client's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Client's Address \_\_\_\_\_  
\_\_\_\_\_

Contact Number \_\_\_\_\_

Criminal Record  Yes  No  
*(printout from ACIS must be attached)*

Substance Abuse  Yes  No

Children's Names

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

Absent Parent's Name and Last Known Address \_\_\_\_\_  
\_\_\_\_\_

Client's Work History/Experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position you are referring client for:  Data Entry/Computer Experience  Front Desk/Reception

# Hours and time that client is available for work \_\_\_\_\_

Please have client fill out and attach the following items:

Office Mentor Achievement List  Office Mentor Action/Goal Plan  Job Readiness Checklist WC-910