

INTRODUCTION TO 3D PRINTING & ESSENTIAL JOB TRAINING



First Impressions 2.0

Jobs for Today and our Future

Referral Form - Due by Thursday, August 31st

A Collaboration between Citywide Employment Services and Behavioral Health Services

Client Name _____ DOB _____

Primary/Language: _____ Ethnicity _____ Gender _____

Address _____ Zip _____

Phone: _____ Email _____

Case Mgr/Therapist _____ Email _____

Agency _____ Contact # _____

Do you a valid identification
card for employment? _____

Do you a valid social security
or tax identification card? _____

Can you show proof of
COVID-19 vaccination? _____

First Impressions 2.0 provides 6-months of paid training in machine maintenance through 3D printing, job readiness training and customized training for essential jobs in hardware and home improvement stores. First Impressions 2.0 assists mental health consumers in learning marketable skills, receiving on the job training, providing mentorship and securing employment in the community.

I authorize my diagnosis/clinical information to be released and exchanged by the referring source to the Citywide First Impressions and Employment team.

CLIENT'S SIGNATURE: _____ DATE: _____

CLINICAL SECTION: This section must be completed by a licensed clinician.

Pertinent History / Hospitalizations _____

Current Treatment/Medication _____

Current mental status (symptoms)?	Ability to handle responsibility?
Able to tolerate full day of employment training?	Motivation & cooperation?
Ability to accept constructive feedback?	Concentration/learning ability?
Occupations/situations to avoid?	Assaultive/violent history?
Frustration tolerance?	Judgment?

Mental Health Primary Diagnosis (es) _____ BIS# _____

Comments: _____

Referred by: (name & credential) _____ Signature _____

*Co-Signature: (if applicable) _____ Signature _____

Agency/Address _____ Phone _____ Date _____

** Referrer or Co-signer must have one of these professional credentials: LPCC, LCSW, MFT, NP, RN, MD, PsyD, or PhD (in Psychology)*

Please send this completed form by FAX to 415 514-6466 or PDF to CW_FI@LISTSRV.UCSF.EDU
For questions, please call (341) 600-9864