INTRODUCTION TO 3D PRINTING & ESSENTIAL JOB TRAINING

FIRST IMPRESSIONS

Jobs for Today & Our Future

Referral Form - Due Wednesday, September 23rd 2026*

A Collaboration between UCSF's Citywide Employment Services and Behavioral Health Services

Client Name _____ *DOB* _____

Primary/Language: _____ *Ethnicity* _____ *Gender* _____

Address _____ *Zip* _____

Phone: _____ *Email* _____

Case Mgr./Therapist _____ Email _____

Agency _____ Contact # _____

Valid identification card for employment. _____ Valid social security or tax identification card. _____ Can you show proof of COVID-19 vaccination? _____

First Impressions provides 7-months of paid training in machine maintenance through 3D printing, small electronics, introduction to Computer Aided Design and targeted job readiness training. First Impressions assists mental health consumers in learning marketable skills, 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 _____

Client's strengths

Current mental status (symptoms)	Ability to handle responsibility
Able to tolerate full day of employment training	Social skills and barriers
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)*

*Must attend a mandatory orientation session for consideration for First Impressions

Please send completed forms to CW_FI@LISTSRV.UCSF.EDU *(Note: this is a HIPPA secure email address)*

For questions, please call (415) 490-8035