

INTRODUCTION TO 3D PRINTING & ESSENTIAL JOB TRAINING



First Impressions

Jobs for Today and our Future

Referral Form - Due Wednesday, September 3rd 2025

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 # _____

Do you have a valid identification card for employment? _____ Do you have a 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)*

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