No More Empty Pots

Community Agency Referral

Culinary Workforce Training Program (CWTP)

Thank you for completing this agency referral on behalf of your client! If you have any questions or concerns, please contact CWTP staff at 402-979-5478 or cwtp@nmepomaha.org.

All applicants must meet below requirements to be considered for No More Empty Pots Culinary Workforce Training Program:

Eligibility Requirements:

- Must be 16 years of age or older
- Legally entitled to work in the U.S.
- Arrangements for necessary accommodations must be confirmed prior to orientation
- Willing to commit to all program components
- Have a strong interest in a culinary career
- Able to commit to 15 weeks of unpaid programming from 9 AM – 4 PM, Monday - Friday

Legal Restrictions:

- No outstanding warrants, holds, detainers or out-of-state pending charges
- No conviction of Special Victims Crimes such as sexual assault, child abuse
- No history of capital crimes such as domestic assault crimes or crimes against children
- No escape convictions
- Reside in the Omaha Metropolitan area

Name of Applicant: _____
Agency Contact Name:_____ Title:_____
Agency Name:_____ Date:___/___/____
Agency Address: _____
Agency Contact Email: _____
Office Phone: (____) _____-_____ Cell: (____) _____-_____ Fax: (____) _____-_____

Biopsychosocial and Environmental Challenges

___ A. Housing challenges
___ B. Educational challenges
___ C. Economic challenges
___ D. Family challenges
___ E. Challenges accessing health care services
___ F. Challenges related to interaction with legal system
___ G. Occupational or vocational challenges
___ H. Interpersonal violence challenges
___ I. Primary language other than English: _____ (language name)
___ J. Different ability or disability: _____ (describe)

Psychiatric Agency/Facility and Dates

1._____
2._____

Trauma

To your knowledge, should NMEP staff follow up with the applicant about trauma history? **Y** / **N**
If yes, what should we know prior to the interview? _____
_____

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Alcohol and Substance Use

Substance	Method of use	Frequency of use	Date of last use

Alcohol Abuse /Substance Abuse Treatment Program Dates:

Treatment Type	Dates

Other Caseworkers and Agencies Working with this Client:

Contact Name, Title: _____
Agency or Program: _____
Phone: _____ Email: _____
Services provided: _____
Programmatic requirements: _____

Contact Name, Title: _____
Agency or Program: _____
Phone: _____ Email: _____
Services provided: _____
Programmatic requirements: _____

Contact Name, Title: _____
Agency or Program: _____
Phone: _____ Email: _____
Services provided: _____
Programmatic requirements: _____

What skills would your client bring to the program?

Skill 1: _____
Skill 2:_____
Skill 3: _____

What goals are you currently working on with the client?

Goal 1: _____
Goal 2: _____

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Goal 3: _____

What skills would you like your client to obtain from the Culinary Workforce Training Program?

Skill 1: _____
Skill 2: _____
Skill 3: _____

What current challenges are you having with the client or is the client facing?

Challenge 1: _____
Challenge 2: _____
Challenge 3: _____

How often do you contact the client? (circle)

Daily **Weekly** **Bi-monthly** **Monthly**

How would you rate your client-agency partnership (e.g. How engaged are you in the client's life?).

Poor		*Neutral*		*Excellent*
1	**2**	**3**	**4**	**5**

Are you willing to maintain collateral support with the No More Empty Pots Culinary Workforce Training Program and attend meetings to help the client be successful? (circle one) **Y / N**

What restrictions or requirements does your program have that would prohibit or interfere with the client's ability to participate in programs between 9 AM - 4 PM Monday-Friday?

_____
_____
_____

_____ ___/___/____
Referrer Signature Date

Application Checklist:

__ Agency release of information signed by client
__ Application complete