



The Culinary School

at the Food Bank of Delaware

CONSUMER REFERRAL

Please email to rcarter@fbd.org or fax to 302-292-1309

Please complete the following information on the individual being referred: DVR and OVR counselors should include a recent Medical or Psychological Report and Discharge Summary (if individual has been institutionalized) and provide list of previous criminal charges if applicable.

CONSUMER INFORMATION:

Date of Referral: _____

Name: _____ Birth Date: _____

Social Security #: _____ Home Phone: _____ Cell Phone: _____

Mailing Address: _____

Residential Address: _____

REFERRAL INFORMATION:

Referral Agency: _____ Referring Counselor: _____ Phone: _____

Reason for Referral: _____

Functional Limitations: _____

1. Primary Disability: _____
2. Secondary Disability: _____
3. Other Disability: _____ Severely Disabled? ___ Yes ___ No

Please check the disadvantages that apply: () Vocational () Economical () Educational () Other

Does this person have the 9th grade reading level required for the program? _____





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Individual's Name: _____

Birth Date: _____

DEMOGRAPHIC INFORMATION:

Please check items from each category that are appropriate. **All sections must be completed.**

Sex:

- Male
- Female

Veteran:

- Yes
- No
- Vietnam Era
- Special Disabled

Marital Status:

- Single
- Married
- Separated
- Divorced

Annual Household Income:

- \$0 - \$5,000
- \$5,000-\$7,999
- \$8,000-\$9,999
- \$10,000-\$14,999
- \$15,000-\$19,999
- \$20,000-\$39,999
- \$40,000- \$49,999
- \$50,000 +

Educational Status:

- H.S. Dropout
- Less than H.S.
- H. S. Graduate
- GED
- Post H.S.
- College Graduate
- Post College
- Special Education

U. S. Citizen:

- Yes
- No

Transportation:

- Bus
- Own Auto
- Paratransit
- Public
- Special Vehicle

Living Arrangements:

- Supervised
- Monitored
- Independent
- Transitional

Labor Force Status:

- Employed
- Unemployed
- Under Employed
- Other

Ethnic Group:

- American Indian
- Asian
- Black
- Hispanic
- White

Family Status:

- Single Parent
- Teenage Parent
- Two Parent Family
- Other Family Member

Support: SSDI SSI Own Earnings Family Food Stamps General Assistance Welfare
 Workman's Compensation Other

Criminal History:

Charges _____ Date of Charge: _____
 Charges _____ Date of Charge: _____

REFERRAL/PREVIOUS REHAB SERVICES INFORMATION:

Please check or fill in appropriate areas:

Prior Institutionalization History of Substance Abuse Public Offender Receiving Mental Health Services

Prior Rehab Agencies Attended:

Name: _____ Start Date: _____ End Date: _____ Program _____ Completed: Y N
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Counselor Signature

Date