



### CAREER GEAR

2509 Good Hope Rd. SE  
Washington, DC 20020  
Phone: (202)-793-2141  
Fax: (202) 793-2157

[jlewis@samaritanministry.org](mailto:jlewis@samaritanministry.org)

## A SUIT & A SECOND CHANCE

CLIENT REFERRAL FORM:

Fax or Email to Career Gear at least 24 hours in advance to obtain an appointment.

### CLIENT'S INFORMATION

FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER (LAST FOUR): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EDUCATION COMPLETED: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

# OF CHILDREN YOU HAVE: \_\_\_\_\_ CHILDREN IN CUSTODIAL CARE: \_\_\_\_\_

CURRENTLY USING PUBLIC ASSISTANCE ( MEDICAL, FOOD STAMPS, HOUSING): YES: \_\_\_\_\_ NO: \_\_\_\_\_

HAVE YOU EVER BEEN INCARCERATED?: YES: \_\_\_\_\_ NO: \_\_\_\_\_ MILITARY SERVICES: YES: \_\_\_\_\_ NO: \_\_\_\_\_

### PART 1: REFERRAL INFORMATION

AGENCY NAME: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

CONTACT EMAIL ADDRESS: \_\_\_\_\_

### REASON FOR SUITING APPOINTMENT: (SECTION MUST BE COMPLETED)

JOB TRAINING \_\_\_\_\_ JOB INTERVIEW \_\_\_\_\_ EMPLOYMENT \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ COMPANY PHONE #: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_ POSITION: \_\_\_\_\_

**CLIENTS WILL NOT BE SUITED IF THEY ARRIVE LATE OR DO NOT HAVE AN APPOINTMENT.  
CAREER GEAR WILL GIVE CLIENTS A 15 MINUTES GRACE PERIOD**

### FOR STRIVE USE ONLY

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_