



DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)

## Referral to DSHS for Basic Food Employment and Training (BFET)

STUDENT'S NAME		CLIENT ID (OR SSN IF NONE)		DATE OF BIRTH	
ADDRESS		CITY		STATE	ZIP CODE
				<b>WA</b>	
TELEPHONE (INCLUDE AREA CODE)		EMAIL ADDRESS			
PROGRAM OF STUDY		START DATE	END DATE	NUMBER OF CREDITS	
COLLEGE'S NAME		CONTACT PERSON			
TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)		EMAIL ADDRESS		
COLLEGE COMMENTS (OPTIONAL)					
COLLEGE SIGNATURE		DATE			
REFERRAL VALID FOR UP TO TWO WEEKS FROM DATE SIGNED.					

### Note to Student

- DSHS must give final approval in order to complete BFET acceptance.
- If you have been approved for financial aid, **provide verification of your financial aid** (such as your award letter) to DSHS.
- You may fax, mail or take this Referral and any other verifications to your local DSHS Community Services Office as proof of acceptance into the school's BFET.

### Note to DSHS

This student is enrolled in an approved program of study and will be accepted into the BFET program **contingent upon DSHS approval** of Basic Food.

College does not discriminate on the basis of race, religion, creed, color, national origin, age, sex, sexual orientation, marital status, disability, genetic information, or veteran status.