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|  | 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  **WA** | | | | | |
| 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. | | | | | |