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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 DATEREFERRAL 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. |