



Miami-Dade County Public Schools

**SAVES Program**

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Fax: \_\_\_\_\_

SAVES Contact: \_\_\_\_\_

**SAVES EMPLOYMENT REFERRAL**

For Job Placement by Refugee Services Founded- Employment Provider

**CLIENT INFORMATION:**

**NAME** \_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_ **Alien #** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY and STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**INTAKE DATE** \_\_\_\_\_

**ESOL** \_\_\_\_\_ **VOCATIONAL TRAINING** \_\_\_\_\_ **OTHER** \_\_\_\_\_

**REFERRED TO SERVICE PROVIDER DATE:** \_\_\_\_\_

**LIST FOUR LOCAL PROVIDERS NEAR YOUR SCHOOL**

Provider Name _____ Provider Address _____ Citi, State, Zip _____ Provider Telephone _____	Provider Name _____ Provider Address _____ Citi, State, Zip _____ Provider Telephone _____
Provider Name _____ Provider Address _____ Citi, State, Zip _____ Provider Telephone _____	Provider Name _____ Provider Address _____ Citi, State, Zip _____ Provider Telephone _____

**TO BE COMPLETED BY SERVICE PROVIDER**

**Service Provider** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Contact Person Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Enrollment Date** \_\_\_\_\_