



Miami-Dade County Public Schools  
**SAVES Program**

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

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

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

SAVES Contact E-mail \_\_\_\_\_

SAVES Contact Telephone No. \_\_\_\_\_

**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 Name _____
Provider Address _____	Provider Address _____
City, State, Zip _____	City, State, Zip _____
Provider Telephone _____	Provider Telephone _____
Provider Name _____	Provider Name _____
Provider Address _____	Provider Address _____
City, State, Zip _____	City, State, Zip _____
Provider Telephone _____	Provider Telephone _____

**TO BE COMPLETED BY SERVICE PROVIDER**

**Service Provider** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

*(Print)*

**Address** \_\_\_\_\_

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