

Miami-Dade County Public Schools
SAVES Program

School Name: _____

School Address: _____

School Telephone: _____

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 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 _____