



Dear Applicant,

Thank you for your interest in the Vocational Rehabilitation Program (VRP) Slice of Life Café internship program, which is offered by UCSF Citywide Employment Program. We are excited to announce that we are currently seeking applicants for Café internship positions located at Community Behavioral Health Services (CBHS) site at 1380 Howard Street.

In order to qualify for this program, please note that you must meet the following requirements:

- **Must be receiving services through Community Behavioral Health Services (SFDPH-CBHS)**
- At least 18 years of age
- Resident of San Francisco
- Be able to attend scheduled shifts, which are daily Monday thru Friday (between 8am and 5pm), up to 20 hours per week
- Successful completion of interview process

To apply, Vocational Rehab Program must receive your completed application, copy of proof of San Francisco residency (driver's license or CA state ID), copy of proof of eligibility to work (Social Security Card, passport), and a copy of your resume.

Should you have any questions, please feel free to contact Hugo Calderon, VRP Program Coordinator @ 415-206-4465. Thank you again for your interest in the Vocational Rehabilitation Program.

Mindy J. Oppenheim, M.Ed., Director
Vocational Rehabilitation Program
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San Francisco General Hospital
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San Francisco, CA 94110
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First Name:		Last Name:	
Phone:		Email:	
Address:		City, State, ZIP:	

How did you hear about this program?

Other than English, please list all the languages you speak:

Program Requirements (circle one)

- A. Are you currently a San Francisco resident? *Yes | No*
 B. Are you currently receiving services through CBHS? *Yes | No | Not sure*
 C. Are you able and willing to commit to the full six month training program? *Yes | No*
 D. Are you available to work 10-20 hours a week? (Monday to Friday, between 8am and 5pm) *Yes / No / Not sure*

References: Please list 2 professional or personal references (example: professional – last employer, former teacher, etc.; personal – therapist, social worker, etc.). Please inform your references that we may be contacting them.

Name	How do you know them?	Phone number

Signature

Please read each paragraph then sign below.

I certify that I have not purposely withheld any information that might negatively affect my chances for acceptance. The answers given by me are true & correct to the best of my knowledge and ability.

I permit VRP Internship Program to contact the references I provided regarding the VRP internship program. I authorize the references I have listed to provide any information about my related experiences, without giving me prior notice of such disclosure.

Applicant's Signature: _____ **Date:** _____

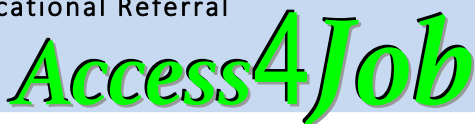
Completed Application Check List

Please include ALL of the following with your application:

- 1. completed **Application & Vocational Referral** forms
- 2. copy of **proof of San Francisco residency** (driver's license or CA state ID)
- 3. copy of **proof of eligibility to work** (Social Security Card, US passport, residency card)
- 4. your **resume**

Please submit completed application to:

Applications may be dropped off OR mailed to: VRP @ San Francisco General Hospital 1001 Potrero Avenue, 7F40	Alternatively, applications may be emailed or faxed: Email: hugo.calderon@ucsf.edu Fax: (415) 206-8942
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Thank you for your interest in Vocational and Employment Services.

Client Name _____ DOB _____
 Primary/Languag _____ Ethnicity _____ Gender _____
 Address _____ Zip _____
 Phone: _____ Email _____
 Case Mgr/Therapist _____ Email _____
 Agency _____ Contact # _____

Slice of Life Café Intern Application

RAMS Hire-Ability <i>Assessment Services Employment/Job Coaching Serv. Soft Skills Training, IT Training and Janitorial Training</i>	X Citywide <i>Assessment Services Employment Services Basic Construction Training Café and Catering</i>	€ Caminar Jobs Plus <i>Assessment Services Employment Services Job Coaching</i>	€ PRC Clerical Training <i>Clerical Training Program</i>
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Citywide can provide employment services for persons solely with mental health needs **OR** persons with mental health needs and a criminal justice background/pending legal charge. Is there any criminal history? Yes No

Please explain: _____

Can you provide documentation to work in US? _____ *Your response is confidential. If you do not have documentation, Access4Jobs may still be able to refer you to vocational services.*

I authorize my diagnosis to be released and exchanged by the referring source to the Access4JOBS triage team.

CLIENTS SIGNATURE: _____ **DATE:** _____

CLINICAL SECTION: This section must be completed by a licensed clinician.

Pertinent History / Hospitalizations _____

Current Treatment/Medication _____

Current mental status (symptoms)	Ability to handle responsibility?
Able to tolerate full day of employment training?	Motivation & cooperation
Ability to accept constructive feedback	Concentration/learning ability
Occupations/situations to avoid	Assaultive/violent history
Frustration tolerance	Judgment

Axis I _____ Axis II _____ Axis III _____ Axis IV _____ Axis V _____

BIS#:

Comments: _____

Referred by: (name & _____ Signature _____

***Co-Signature:** (if applicable) _____ Signature _____

Agency/Address _____ Phone _____ Date _____

*** Co-signer must have one of these professional credentials: MFT, LCSW, MD, PsyD, or PhD.**