



**Referral to Cambridge Employment Program (CEP)**  
**51 Inman Street, Cambridge, MA 02139**  
**Phone: 617-349-6166 Fax: 617-349-6357**

*Please fax this form to CEP at 349-6357*

**Clients must come to 51 Inman Street to fill out a pre-registration form.**

**Overview:** the Cambridge Employment Program (CEP) offers free career counseling and job search assistance to **Cambridge residents**. The program serves individuals who can demonstrate a commitment to job search and are job ready. CEP does **not** provide English classes or computer training or other specialized skills training. People who need this kind of training will be referred to appropriate classes when available.

**Please note:** clients must speak enough English to participate in an interview and demonstrate job readiness in order to be eligible for our services.

Referring Agency: \_\_\_\_\_ Referring Staff Person: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Client Name: \_\_\_\_\_ Cambridge Address: \_\_\_\_\_

Client's most recent or best job: \_\_\_\_\_

**Does the client have any barriers that might affect his/her ability to find or keep a job?**

\_\_\_\_\_  
\_\_\_\_\_

**Other information that might be helpful to CEP?**

\_\_\_\_\_  
\_\_\_\_\_

**Agreement to Collaborate:** The staff person's signature indicates that the referring agency agrees to work in partnership with CEP on behalf of the client. The client's signature gives CEP and the referring agency permission to share relevant information.

\_\_\_\_\_  
(referring staff person's signature)

\_\_\_\_\_  
(client's signature)

\_\_\_\_\_  
(date)