



## Student Status Confirmation

|  |                            |                             |                |                   |
|--|----------------------------|-----------------------------|----------------|-------------------|
| Student's Name   |                            | Client ID (or SSN, if none) |                | Date of Birth     |
| Address  |                            | City                        |                | State    Zip Code |
| Phone Number (and Area Code)   |                            | Email Address               |                |                   |
| Program of Study   |                            | Start Date                  | End Date       | Number of Credits |
| Name of College  |                            |                             | Contact Person |                   |
| Phone Number (and Area Code)   | Fax Number (and Area Code) | Email Address               |                |                   |
| 1. Is the student currently working with the Disability Access or Reasonable Accommodation Office for assistance with a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, start date:</b> _____ |                            |                             |                |                   |
| 2. Is the student being assisted by the school to address homelessness? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes, start date:</b> _____   |                            |                             |                |                   |
| 3. Was the student referred by an employment and training program? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes:</b> Program Name: _____<br>Contact Name: _____ Phone: _____                                  |                            |                             |                |                   |
| Is the program on the <a href="#">Washington Career Bridge - Washington Eligible Training Provider List Information</a> ? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                            |                             |                |                   |
| College Comments (optional)  |                            |                             |                |                   |
| College Signature  |                            |                             | Date           |                   |
| <b>Referral valid for two weeks from date signed.</b>  |                            |                             |                |                   |

**Note to Student:**

- DSHS must give final approval for acceptance into the Basic Food Employment and Training program.
- If you have been approved for financial aid, **provide verification** (such as your award letter) to DSHS.
- You may fax, mail, upload via [MyDocs](#) or take this Referral and any other verifications to your local DSHS Community Service Office as proof of student information.