



Hope United CDC
A Catalyst of Hope

A catalyst of hope in North Minneapolis & Beyond – connecting people, organizations and resources to transform our community.

CONNECTIONS TO SUCCESS

*HUCDC Work Force Development Solutions & Services
Hennepin County “Connections to Success” Program
Recommendation Form*

Referring MFIP Agency	
Referral Date	
Referral Agency	
Counselor Name	
Counselor Phone	
Counselor Email	
Counselor Fax	

Participant Information		
Last Name:	First Name:	
MAXIS Case #		
Address:		
City:	State:	Zip Code:
Phone (1)	Phone (2)	
E-Mail:		
Participants Preferred Method (phone, text, email)		
What gender do you identify with: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other: _____		
Race/Ethnicity		
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> Other	
Transportation: <input type="checkbox"/> Own Vehicle <input type="checkbox"/> Public Transportation		
Require Childcare: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual Proficient and Able to Speak & Write in English <input type="checkbox"/> Yes <input type="checkbox"/> No		

HOPE UNITED COMMUNITY DEVELOPMENT CORPORATION
Career & Workforce Development Solutions
“STOP DREAMING....START DOING”

CONNECTIONS TO SUCCESS

Career Pathway Readiness		
Current Employment Status <input type="checkbox"/> Full-time Employee <input type="checkbox"/> Part-time Employee <input type="checkbox"/> Temporary Employee <input type="checkbox"/> Seasonal Employee <input type="checkbox"/> Currently unemployed <input type="checkbox"/> Other: _____	Highest Level Education Completed <input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Earned Certification(s)/Credentials <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Some College or Trade School <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate or Prof. Degree	List Training, Technical & Vocational Certificates <u>include date received</u> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/> Completed DHS Employment Ability Assessment (MN Readiness Certificate)		
Has candidate for CTS program completed any exam(s) for identifying his or her aptitude, strengths, interest? If yes, please list: 		
Work Experience (list) 		
Identify 2-3 Career/Vocational Areas of Interest 		
Candidate's Career Objectives & Goals 		
RECOMMENDATION (EC 2-3 SENTENCES REGARDING THE CLIENT, IE. HIGHLY MOTIVATED, POTENTIAL, EXPERIENCE, ETC.) 		

Employment Counselor Signature: _____ Date: _____

Candidate for CTS Program Signature: _____ Date: _____

Hope United Community Development Corporation
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 Minneapolis, MN 55412

For More Information Call: (612)767-8913 or E-Mail info@hopeunitedcdc.org