

## Agency Summary of Services Provided Non-Medical or Psychiatric

Date: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Our agency is providing the services identified below, as of the date indicated above, to the named client.

Note to Agency: Please place an "X" in the first column if the service listed is being provided by your agency. Please provide comments, if applicable, in the third column.

X	Type of Service	Comments
	Assessment (Comprehensive)	
	Assessment (Initial)	
	Assessment (Skill Level)	
	Basic Labor Exchange	
	CalFresh	
	CalLearn	
	CalWorks	
	Child Care	
	Classroom Training	
	Community Service	
	Follow-up Services	
	General Relief	
	Homeless Assistance	
	Housing	
	Job Search/Job Placement	
	Medi-Cal	
	Occupational Skills Training	
	On The Job Training	
	Refugee Assistance	
	Transportation	
	Veteran Outreach	
	Vocational Rehabilitation	
	Welfare to Work	
	Work Experience	
	Workshops (specialized) Describe:	
	Other:	
	Other:	
	Other:	