

AEC EMPLOYMENT PROGRAM REFERRAL FORM

Name of referring agency _____ Date of referral _____

Name of caseworker _____ Phone Number _____

(please attach your business card to this form)

Name of client _____

Homeless () Yes () No

Pathways () Yes () No

Special Needs/Comment:

Atlanta Enterprise Center, Inc.
75 Peachtree Place NW Atlanta Georgia 30309
Tel: 404.874.8001 Fax: 404.873.3489 www.atlantaenterprisecenter.org



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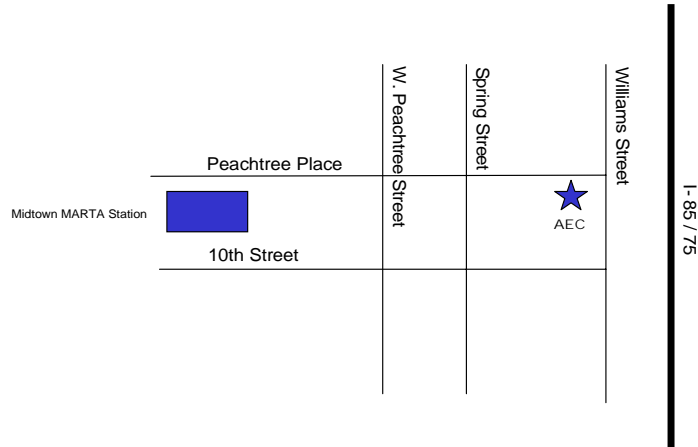
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404 874 8001



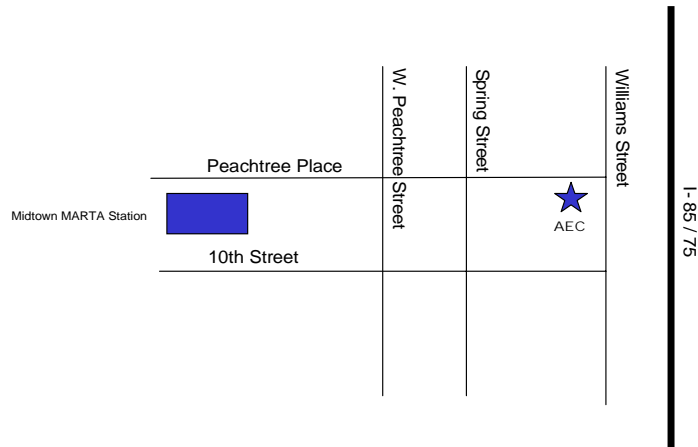
From 10th Street exit, turn right and go 1 block to Spring Street. Turn right on Spring Street and go one block to Peachtree Place, NW. Turn right on Peachtree Place. We are in the 2nd building on the right.

From MARTA Mid Town Station, exit Peachtree Place side. Go west (towards GA Tech) for two blocks. AEC Employment Program is located in the red brick building on the left.

Please park and enter building behind the building in the parking lot.

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