

JOINT REFERRAL FORM FOR THE WIA PARTNERS

REFERRAL AGENCY

AGENCY NAME: NAME OF SENDING AGENCY					
PHONE #: COMPLETE		FAX#: COMPLETE		EMAIL: COMPLETE	
CONTACT: NAME OF AGENCY REPRESENTATIVE COMPLETING FORM				DATE: DATE FORM SENT	
REASON: <input type="checkbox"/> HOUSING <input type="checkbox"/> TRANS <input type="checkbox"/> UTILITIES <input type="checkbox"/> CLOTHING <input type="checkbox"/> BILLS <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> CHILD CARE <input type="checkbox"/> EDUCATION <input type="checkbox"/> TRAINING <input type="checkbox"/> MEDICAL <input type="checkbox"/> FOOD <input type="checkbox"/> CASH ASSISTANCE <input type="checkbox"/> OTHER: <i>PLEASE CHECK AT LEAST ONE BOX OR "OTHER" SECTION</i>					

REFERRING TO:

AGENCY NAME: NAME OF RECEIVING AGENCY	
CONTACT: Agency representative that the client has appointment	PHONE: Of contact
ADDRESS: Address and location, directions if necessary (can use "Comments" section below)	
DAY/DATE OF APPOINTMENT: Complete	TIME: Complete
ITEMS TO BRING: Any specific information that is known without placing barriers for the client	

INDIVIDUAL INFORMATION

NAME: Of client and representative if applicable	DOB: Client	SSN: Client	
STREET ADDRESS: Residence of client			
CITY: Client residence	STATE: Client	ZIP: Client	COUNTY: Client residence
HOME PHONE: Client	MESSAGE PHONE: Or alternate number		

COMMENTS

This section can be used to provide directions to the referral agency, to clarify issues by the sending agency for the receiving agency, any pertinent information that may assist the receiving agency to provide appropriate services and/or to list any goals toward which the client and the referral agency are already working.

CONSENT FOR RELEASE OF INFORMATION

I agree to the release of pertinent information on this form to the degree necessary to obtain gainful employment or other supportive services. I understand that such information will only be released to prospective employers or agencies for employment or supportive services.

INDIVIDUAL SIGNATURE: Client (legally allows follow up without client intervention)	DATE: Signed
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RECEIVING AGENCY

DID INDIVIDUAL APPEAR FOR SCHEDULED INTERVIEW?	<input type="checkbox"/> YES <input type="checkbox"/> NO
AGENCY CONTACT: Agency designated representative or interviewer	PHONE: Designate or interviewer
AGENCY USE: <i>Any pertinent information to exchange with the sending agency such as eligibility information or issues.</i>	

3 COPIES:
ORIGINAL TO CLIENT, COPY RETAINED BY REFERRAL AGENCY, COPY TO RECEIVING AGENCY.
THE SENDING (REFERRAL) AGENCY MAY FAX, MAIL, EMAIL THE RECEIVING (REFERRING TO) AGENCY'S COPY.