

VIRGINIA CAREER WORKS REFERRAL FORM

Referring Agency

Agency Name: _____ **Date:** _____
(Please print)

Contact: _____ **Phone:** _____ **E-mail:** _____

Client Information

Client Name: _____

Address: _____

Phone Number: _____ **Alternate Phone Number:** _____

Client's Signature: _____ **Date:** _____

Referred to: _____

Reason for Referral:

- | | | |
|--|--|---|
| <input type="checkbox"/> Client Request | <input type="checkbox"/> Benefits Planning & Assistance | <input type="checkbox"/> Job placement |
| <input type="checkbox"/> Job Readiness | <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Job Search | <input type="checkbox"/> Intensive Case Management (ICM) | <input type="checkbox"/> English as a Second Language |
| <input type="checkbox"/> Work Experience | <input type="checkbox"/> Training | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Customized Employment | <input type="checkbox"/> Supportive Services (specify) _____ | <input type="checkbox"/> Substance Abuse Assessment |
| <input type="checkbox"/> Basic skills/GED | | <input type="checkbox"/> Further Assessment (specify below) |

AGENCY'S REFERRAL RESPONSE (to be returned to referring agency)

Received by: _____ **Agency:** _____ **Date:** _____
(Please print)

Phone: _____ **Fax:** _____ **E-mail:** _____

Individual: Contacted Not able to contact Did Not Show Did Show Not Eligible Eligible Additional Info. Requested

Follow - up w/ Referral Source Requested See attachments for documents requested Initial Meeting w/ Client Scheduled: ____/____/____

Case Manager assigned: _____ Phone/fax: _____ E-mail: _____

Comments:
