

**REFERRAL FORM**

Staff Name: \_\_\_\_\_

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

Staff Phone: \_\_\_\_\_

Staff Email: \_\_\_\_\_

Customer: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Primary Referral (Check the referral partner)**

- Title I (Adult or DW)
- Title I (Youth)
- Adult Education
- Wagner Peyser
- SNAP E&T
- Vocational Rehabilitation
- Senior Community Service Employment
- Job Corps
- Workforce Essentials

Other: \_\_\_\_\_

**Staff Receiving Referral:**

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

Phone/Email: \_\_\_\_\_

Additional information: \_\_\_\_\_

**Reason for Referral**

- TANF
- Youth Services
- Funding for Training Opportunities
- Job Search Assistance
- Disability Services
- Alternative Secondary School Diploma
- Supportive Services (transportation, childcare, etc.)
- Counseling / Substance Abuse
- High School work-based learning
- Workshops (Specify below)
- Other \_\_\_\_\_

**Customer Release of Information**

I authorize the release of information to AJC partners, as necessary to determine my eligibility for services, and to determine progress/completion/credentials attained; further, the release of information by staff necessary to secure related services/assistance on my behalf, and share information with other programs from which I receive or have received services. The authorization to share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.

\_\_\_\_\_  
**Customer Signature** **Date**

\_\_\_\_\_  
**Staff Signature** **Date**

**Referring Agency: When a referred customer follows through with the referral and calls or visits your agency, please complete the information below and return the form back to the referring partner listed above.**

Agency Name	Staff Name
Date Customer Initiated Services	Staff Signature
<input type="checkbox"/> Customer received services <input type="checkbox"/> Customer declined services <input type="checkbox"/> Customer is receiving services <input type="checkbox"/> Customer is ineligible for services*	
*Please specify reason for ineligibility:	