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PROVIDER REFERRAL REQUEST FORM

REFERRAL INFORMATION	Referring Provider's Name: _____	Phone: _____
	Agency: (Select from options below)	
	<input type="checkbox"/> Virginia Department for Aging and Rehabilitative Services (DARS) <input type="checkbox"/> Job Corps <input type="checkbox"/> Telamon <input type="checkbox"/> Virginia Employment Commission Select: <u>Veterans</u> <u>Wagner Peyser</u> <input type="checkbox"/> WIOA Youth Initiative <input type="checkbox"/> Eastern Shore Area Agency on Aging <input type="checkbox"/> Eastern Shore CAA <input type="checkbox"/> Accomack DSS <input type="checkbox"/> Northampton DSS <input type="checkbox"/> WIOA – Adult and Dislocated Worker Program <input type="checkbox"/> Eastern Shore Community College <input type="checkbox"/> Eastern Shore Adult Education <input type="checkbox"/> Other _____	
Name of Person Referred: _____	Phone: _____	
Email: _____		

I consent to releasing this information for referral to partner agencies and entities as I have indicated above who may have programs or services available to me. I understand that no assistance is guaranteed, and that I may need to provide more information to these agencies/entities in order to qualify for additional assistance.

Signature: _____ **Date:** _____

<u>Name of staff completing confirmation:</u>	<u>Date of Confirmation:</u>
<u>Email:</u>	
<u>Phone:</u>	

Request for additional supporting information (please detail):

PROVIDER REFERRAL CONFIRMATION

Attention: Please be sure to follow-up (email/phone/in person) with the staff person listed above. Thank you.

REFERRAL CONFIRMA	<u>Referral Accepted?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No: Explain _____	
	<u>Appointment Scheduled with:</u> _____	<u>Date & Time:</u> _____
	<input type="checkbox"/> Client declined opportunity for scheduling <input type="checkbox"/> Client prefers to contact specialist to schedule at a later date	

The Virginia Career Works Eastern Shore Center is an Equal Opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD: VA Relay Center: 711 or 800.828.1120. This workforce product was 100% supported with U.S. Department of Labor Employment and Training Administration Workforce Innovation and Opportunity Act funds by the Bay Consortium Workforce Development Board. This does not necessarily reflect the official position of the VCCS or DOLETA.”



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DON'T FORGET TO CLOSE THE LOOP!

Thank you.

DETAILS OF REFERRAL CLOSURE

Referral Completed? Yes No: Explain

Service (s) Provided:

Date & Time:

Client declined referral Reason (if applicable): _____

Client accepted referral

Additional follow-up needed (Please provide more details of services.)

Who will follow-up on additional services needed?

Client placed on wait list How long? _____ Who will contact? _____

Referral for other services