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## PROVIDER REFERRAL REQUEST FORM

<b>REFERRAL INFORMATION</b>	Referring Agency: _____	Date: _____
	<b>Agency referring to: (Select from options below)</b> <input type="checkbox"/> Virginia Department for Aging and Rehabilitative Services (DARS) <input type="checkbox"/> Job Corps <input type="checkbox"/> Rappahannock Goodwill Industries <input type="checkbox"/> Virginia Employment Commission <i>Select: <u>Veterans</u> <u>Wagner Peysers</u></i> <input type="checkbox"/> The SkillSource Group - WIOA Youth Initiative <input type="checkbox"/> Healthy Generations/Rappahannock Area Agency on Aging <input type="checkbox"/> Virginia Department of Social Services _____ <input type="checkbox"/> WIOA – Adult and Dislocated Worker Program <input type="checkbox"/> Germanna Community College <input type="checkbox"/> Rappahannock Area Regional Adult Education <input type="checkbox"/> Other _____	
	Client Name: _____	Phone: _____
	DOB: _____	
<p>I consent to releasing this information, for referral to partner agencies as I have indicated above. I understand that assistance is not guaranteed, and that I may need to provide more information to these agencies to qualify for additional assistance.</p>		
Signature: _____		Date: _____
Name of staff completing form: _____		Date: _____
Email: _____		
Phone: _____		

Request for additional supporting information (please detail):

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## PROVIDER REFERRAL CONFIRMATION

**Attention: Please be sure to follow-up by email with the staff person listed above. Thank you.**

<b>REFERRAL FOLLOW-UP INFO</b>	Referral Received? <input type="checkbox"/> Yes <input type="checkbox"/> No: Explain _____	
	Appointment Scheduled with: _____	Date & Time: _____
	<input type="checkbox"/> Client declined opportunity for scheduling	<input type="checkbox"/> Client prefers to schedule at a later date
	<input type="checkbox"/> 1 <sup>st</sup> Attempt to contact	<input type="checkbox"/> 2 <sup>nd</sup> Attempt to contact

The Virginia Career Works Fredericksburg 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 under contract (OSORGI16-001, \$50,000.00) awarded to Rappahannock Goodwill Industries 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