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PROVIDER REFERRAL REQUEST FORM

REFERRAL INFORMATION	Referring Provider's Name & Staff Name:		Date:
	STAFF EMAIL:		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:		Address:
Phone:			
Email:			
<u>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.</u>			
Signature: _____		Date: _____	

Reason for Referral:

PROVIDER REFERRAL CONFIRMATION

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

REFERRAL CONFIRMA	Referral Accepted? <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 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 under contract (ESCC22-001, \$192,903.93) awarded to Eastern Shore Community College 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