

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Referral for Training / Services

1 Parent HH

2 Parent HH

DATE: _____

COUNTY: _____

The Department of Health and Human Resources is referring the individual named below for services/enrollment in and/or interview for:

ABE / GED

WV Courtesy Patrol

SPOKES / EXCEL

Workforce WV / BEP

Other Training/Services: _____

INDIVIDUAL'S NAME: _____

REPORT TO: (Name and Address of Training Site or Referral Agency)

CONTACT PERSON: _____

DATE: _____ TIME: _____ TELEPHONE: _____

INFORMATION NEEDED/COMMENTS: _____

 DHHR Office Address

 Phone Number

 Signature – WV WORKS Staff

 Please Complete This Section and Return Entire Yellow Copy to the Above DHHR Staff Member

Participant's Name: _____

Date Interviewed for Training/Program: _____

Scheduled Start Date for Training/Program: _____ Enrolled? Yes No

Comments: _____

Signature of Services/Training Representative

DFA-WVW-70 (Rev. 7/07)

White – Referral Agency Copy

Yellow – Copy Returned to DHHR

Pink – Case File Copy