

# 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

☐ Employment Subsidy Program (ESP)

☐ Other Training/Services: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Report To: (Name and Address of Training Site or Referral Agency)

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ Appointment Date/Time \_\_\_\_\_

☐ Appointment Date/Time and Location Will Be Scheduled By the Above Agency

Information Needed/Comments: \_\_\_\_\_

Mark any of the following which have already been completed for the above named participant and attach copies to this referral form. NOTE: TABE and Work Keys may not be required for all individuals.

☐ Initial Self-Sufficiency Appraisal (OFA-WVW-3A)

☐ Work Keys

☐ WV WORKS Self-Sufficiency Plan (DFA-SSP-1)

☐ Vocational Assessment

☐ Test of Adult Basic Education (TABE)

☐ Other \_\_\_\_\_  
(Please Specify)

\_\_\_\_\_  
Signature – WV WORKS Staff

\_\_\_\_\_  
DHHR Office Address/Phone Number

I give my permission for the WV DHHR Division of Family Assistance to share information with the above marked training/service concerning my eligibility for these programs.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

DFA-WVW-70 (Rev. 7/11)

White – Referral Agency Copy

Yellow – Case File Copy

Pink – Participant Copy