

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
DIVISION OF FAMILY ASSISTANCE
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
☐ Rehabilitation Services (DRS) ☐ **Workforce WV / BEP**
☐ Other Training/Service: _____

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?: Y ___ N ___

Comments: _____

Signature Of Services/Training Representative

DFA-WVW-70 (Rev. 1/06)