



Virginia Career Works Referral Form  
Please complete and send to receiving agency.

A. Referred by:		Date:
Agency:	Phone:	Email:

If determined eligible, please send:

- Consent to Release Form (Attached)

B. Customer Name:		
Email:	Phone:	
Please select a Workforce Center:	Harrisonburg	Fishersville
		Winchester

C. Referred to:	<i>Specify Organization</i>	<i>Specify Organization</i>
<input type="checkbox"/> Adult Literacy and Continuing Education:	<input type="checkbox"/> Virginia Department of Juvenile Justice	<input type="checkbox"/> Virginia Department of Social Services
<input type="checkbox"/> Community Services Board	<input type="checkbox"/> Virginia Employment Commission	<input type="checkbox"/> Community-based Organization
<input type="checkbox"/> Local Housing Authority	<input type="checkbox"/> Virginia Department of Social Services	<input type="checkbox"/> Faith-based Organization
<input type="checkbox"/> Public Schools	<input type="checkbox"/> Community-based Organization	<input type="checkbox"/> Virginia Department of Aging and Rehabilitative Services
<input type="checkbox"/> Virginia Community College System	<input type="checkbox"/> Faith-based Organization	<input type="checkbox"/> Senior Community Service Employment Program (SCSEP)
<input type="checkbox"/> Virginia Department of Corrections	<input type="checkbox"/> Virginia Department of Aging and Rehabilitative Services	<input type="checkbox"/> Other:
<input type="checkbox"/> Workforce Innovation and Opportunity Act (WIOA)	<input type="checkbox"/> Senior Community Service Employment Program (SCSEP)	
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	

D. Reason for Referral:		
<input type="checkbox"/> Customer Request	<input type="checkbox"/> Customized Employment	<input type="checkbox"/> Job Readiness
<input type="checkbox"/> Basic Skills/GED	<input type="checkbox"/> Substance Abuse Assessment	<input type="checkbox"/> Benefits Planning and Assistance
<input type="checkbox"/> Job Search	<input type="checkbox"/> Continuing Education	<input type="checkbox"/> Further Assessment
<input type="checkbox"/> Intensive Case Management	<input type="checkbox"/> Work Experience	<input type="checkbox"/> Training
<input type="checkbox"/> Supporting Services:	<input type="checkbox"/> Other:	

Please attach the service plan you are implementing with the customer. Otherwise, please provide information you have on the customer's needs/barriers not outlined above, long and short-term goals, as well as any questions or comments you or the customer may have:

Received by:		Date:
Agency:	Phone:	Email:

Customer: Contacted Not Able to Contact Did Not Show Did Show Not Eligible Eligible  
Additional Info Requested Follow-Up with Referral Source Requested See Attachments for Documents Requested  
Initial Meeting with Customer Schedule for:  
Comments:



Virginia Career Works Shenandoah Valley Region
Consent to Release/Exchange Confidential Information Form

I, \_\_\_\_\_, hereby authorize the release and exchange of the following information in my file:

Personal History Assessment Record Summary of Previous Services Current Services Post Employment Follow Up Educational Records Other to the identified agencies below. I understand that the release and exchange of information is for the purposes of referral, career planning, service coordination, and consultation only. I consent to the release/exchange of the above information concerning my service plan when my initials appear to the left of the agency/agencies below.

Grid of checkboxes for agency selection including: Adult Literacy and Continuing Education, Community Services Board, Local Housing Authority, Public Schools, Virginia Community College System, Virginia Department of Corrections, Workforce Innovation and Opportunity Act (WIOA), Virginia Department of Juvenile Justice, Virginia Employment Commission, Virginia Department of Social Services, Community-based Organization, Faith-based Organization, Virginia Department of Aging and Rehabilitative Services, Senior Community Service Employment Program (SCSEP), and Other.

My signature below indicates that:

- A. I have read/had this form read and explained to me. In addition, I received a copy of my rights.
B. I agree to release the information that is placed in my record after the signature date below.
C. I agree to use photocopies of this release by the above participating agencies. I understand that I can cancel this consent, in writing, at any time and cannot take legal action against any of the above service provider agencies for the release/exchange of information that occurred prior to the cancellation of this consent.
D. If not previously canceled, I understand this consent will terminate upon completion of services with the above providers or at such time that I withdraw.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_
If under 18 years of age

Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_