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| **CONFIDENTIAL INTER-AGENCY REFERRAL FORM** |
| **TO:** | Contact Person: |  Julie Sager  | **FROM:** | Contact Person: |  |  | Release of info. Signed: |  |
| Agency: | Adult Learning Center | Agency: | Workforce Development, Inc.  |  | Referral Date: |  |
| Address: | 211 W. Richway Drive  | Address: | 2200 Riverland Drive  |  | Voluntary Referral |  |
| City/Zip: | Albert Lea, MN 56007 | City/Zip: | Albert Lea, MN 56007 |  | Mandatory Referral |  |
| Phone: | 507-379-4866 | Phone: | 507-369-1471 |  |  |  |
|  |
| Name: |  | Male  |  | Female  |  |
|  |
| Address: |  |  Albert Lea  |  MN  |  56007 |  Freeborn |
|  | Street | City | State | Zip | County |
|  |
| Phone # |  | Date of Birth  |  | MFIP |  | DWP |  |  EXP.DATE |  |
|  |
| Citizen: |  | SS# |  | (optional) | Low Income |  |
|  |
| Non-Citizen |  | US Entry Date |  |  |
|  |
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| **1. EMPLOYMENT STATUS** | **2. EDUCATION STATUS** |
|  | Unemployed | a. Read in their own language? |  | Yes |  | No |
|  | Employed | b. Speak English? \_\_\_\_\_ A little |  | Yes |  | No |
|  | Part-time | c. Write English \_\_\_\_\_ A little |  | Yes |  | No |
|  | Full-time | d. High School Diploma / GED? |  | Yes |  | No |
|  |  | e. Last grade of school completed? ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | f. Date last attended school or other educational program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **3. TRANSPORTATION** |  |
|  |  |  | Yes | No |  |  |  |
| Needs SMART Tickets |  |  |  |  |  |  |
| Number Per Week |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |
|  | **SKILLS ASSESMENT** | **SCORE** | **DATE** | **SPL** |  |
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| **GOAL / PLAN** | **COMPLETION DATE** |
|  |  |
| **REPORT ON REFERRAL**Please complete the information below within 30 days, return copy of this form to the referring agency. Retain a copy for your files.\_\_\_\_\_\_\_\_Applicant Enrolled / Served \_\_\_\_\_\_\_Applicant Not Enrolled / Served \_\_\_\_\_\_\_Applicant Did Not Make ContactIf not enrolled / served, state reason: |