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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 | | | | | | | | | | | |  | |  | | | | | |  | |
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| Name: | |  | | | | | | | | | | | | | | | | | | | | | Male | | |  | | | | | | Female | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | Albert Lea | | | | | | | MN | | | | | 56007 | | | | | | | Freeborn | | | | | |
|  | | Street | | | | | | | | | | | | City | | | | | | | State | | | | | Zip | | | | | | | County | | | | | |
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| Phone # | |  | | | | | Date of Birth | | | | |  | | | | | MFIP | | |  | | | | DWP | | |  | | | | | | EXP.DATE | | |  | | |
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| Citizen: | |  | | | SS# | | | |  | | | | | | | | | | (optional) | | | | Low Income | | |  | | | | | | | | | | | | |
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| 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?\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3. TRANSPORTATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | |  | | |  | | Yes | | | | No | | | | | |  | | | |  | | | | | |  | | | | | | | | | | |
| Needs SMART Tickets | | | | | |  | |  | | | |  | | | | | |  | | | |  | | | | | |  | | | | | | | | | | |
| Number Per Week | | | | | |  | |  | | | |  | | | | | |  | | | |  | | | | | |  | | | | | | | | | | |
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|  | | **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 Contact  If not enrolled / served, state reason: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |