KANSASWORKS WORKFORCE CENTER Southeast

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WIOA Partner Referral and Follow-up Form

ATTACH RELEASE FORMS

Date: ___/___/___ **Referring Staff Member**_____ **Email** _____

Participant Name: _____ **Participant ID** _____

Phone Number:_____ **Email**:_____

Client currently working: ☐ Full-Time ☐ Part-Time _____# Hrs. ☐ Not working

Employment Interest Areas: _____ **Veteran** ☐ Yes ☐ No

Interested In:

☐ Adult Education ☐ Vocational Rehabilitation Services ☐ Other:

☐ WIOA Adult ☐ WIOA Dislocated Worker ☐ WIOA Youth ☐ Wagner-Peyser _____

☐ Veteran's Program ☐ Trade Adjustment Act ☐ SER – Older Works ☐ SER – MSFW _____

☐ Job Corps ☐ RETAIN ☐ DCF ☐ Native American Services

What types of barriers / work issues need to be addressed in order to ensure successful completion of workforce system services leading to placement in employment?

☐ Child Care ☐ Skill Deficiency ☐ School Dropout/Lack of Education ☐ Justice Involved

☐ Disability ☐ Substance Abuse Assistance ☐ Transportation ☐ Poor Work History

☐ Language ☐ Soft Skills/Work Ethic ☐ Mental Health ☐ Attitude

☐ Lack Motivation ☐ Lack of Self Esteem ☐ Interpersonal Skills ☐ Professionalism

☐ Hygiene ☐ Ethics ☐ Dependability/Reliability ☐ Customer Service

☐ Work Attire/Supplies ☐ Other Barriers _____

Other service and/or partner referrals made on behalf of customer:_____

_____

What services have you provided so far:

☐ Resume ☐ Job Search ☐ Workshop

☐ Employment Plan Development ☐ Basic Skills Remediation ☐ ESL Services

☐ Workshop - Type: _____

☐ Assessments - Type: ☐ Interest ☐ Basic Skills (Reading, Math, and Locating Information)

☐ Hard Skills (Computer Skills, 10-Key, etc.) ☐ Aptitude

☐ Other _____

What services do you feel the customer needs in order to obtain and retain gainful employment:

☐ Out-of-Area Job Search Assistance ☐ Relocation ☐ On-the-Job Training

☐ Occupational Skills Training ☐ Work Experience ☐ GED/ESL/Alternative Diploma

☐ Workshop – TYPE _____

☐ Other _____

Any additional information that would assist in serving the customer:_____

_____

Referral Follow-Up

Case Manager Name: _____ **Location:** _____

Phone Number: _____ **Email:** _____

Participant Enrolled in Partner Program: ☐ Yes ☐ No **Follow up date:** _____

If yes, next step/s: _____

_____

_____

If no, reason/s: _____

_____

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AUTHORIZATION TO OBTAIN INFORMATION

I, _____, (SSN)_____ hereby authorize the information designated on the front of this document, unless the release or provision of such information is otherwise prohibited by law or regulation, be released to KANSASWORKS from which I am seeking assistance.

As a condition to my signature on this authorization, the KANSASWORKS Program agrees to use the information obtained solely for purposes authorized by law or regulation including, but not limited to: determining eligibility for employment and training programs, developing an appropriate employment or self-sufficiency plan, and helping me to achieve my occupational goals.

This authorization is valid for a period of thirty-six (36) months from the date signed or until the date of exit from my program of services, whichever is sooner. This authorization is valid for the purpose of obtaining information for program performance reporting and participant follow-up activities related to post exit employment and earnings to include wage record information and for the purpose of obtaining educational information relating to vocational certification for a period not to exceed eighteen months from the date of exit from my program of service.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I further authorize the KANSASWORKS Program to release and/or provide on a need to know basis that information which is reasonably necessary to accomplish the goals and objectives of my employment and training plan or self-sufficiency plan to any of the other KANSASWORKS Partner programs that are service providers as part of my employment or self-sufficiency plan or that I request additional service from above my employment or self-sufficiency plan, unless the release or provision of such information is otherwise prohibited by law or regulation.

I certify that the information provided to KANSASWORKS is true to the best of my knowledge and there is no intent to commit fraud. I am also aware that the information I have provided is subject to review and verification, and that I may be required to document its accuracy. I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/ or perjury. I also authorize use of my Social Security Account Number voluntarily. If I so request, a letter of my status will be provided.

Applicant Signature	First Name MI Last Name	Date
Parent/Guardian Signature	Parent/Guardian Name	Date
Referral Agency Signature	Referral Agency Name	Date