



Workforce Connection YAS Universal Referral

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|-------------------|-------|
| Participant Name: | Date: |
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From: Agency Name:

| | |
|------------------|--|
| Contract Person: | |
| Contact Phone: | |
| Contact Email: | |

To:

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| <u>Educational/ Employment</u> <input type="checkbox"/> Job Corps <input type="checkbox"/> Fresno Unified School District <input type="checkbox"/> FEOC- Local Conservation Corps <input type="checkbox"/> OTHER: | <u>WIOA Providers of Services</u> <input type="checkbox"/> Youth- Urban South <input type="checkbox"/> Youth- Urban North <input type="checkbox"/> Youth – Rural East <input type="checkbox"/> Youth – Rural West <input type="checkbox"/> Adult- Urban <input type="checkbox"/> Dislocated Worker (DW) -Urban <input type="checkbox"/> Adult/DW-Rural West <input type="checkbox"/> Adult/DW Rural East <input type="checkbox"/> OTHER: | <u>AJCC Partners</u> <input type="checkbox"/> EDD <input type="checkbox"/> Ca. Indian Manpower <input type="checkbox"/> Clovis Adult School <input type="checkbox"/> Dept. Of Rehabilitation <input type="checkbox"/> Fresno County DSS <input type="checkbox"/> Fresno Adult School <input type="checkbox"/> FEOC <input type="checkbox"/> Proteus MSFW <input type="checkbox"/> SCCCDC Reedley College <input type="checkbox"/> SCCCDC Fresno City College <input type="checkbox"/> Housing Authority <input type="checkbox"/> USDA Forest Service <input type="checkbox"/> WHCCD <input type="checkbox"/> OTHER: |
| <u>Food / Housing</u> <input type="checkbox"/> WIC-Women Infants and Children <input type="checkbox"/> Salvation Army <input type="checkbox"/> Catholic Charities <input type="checkbox"/> LIHEAP- Energy Assistance <input type="checkbox"/> FEOC TLC-Transitional Living Center <input type="checkbox"/> FEOC- Transit <input type="checkbox"/> OTHER: | <u>Community</u> <input type="checkbox"/> Boys and Girls Club of America <input type="checkbox"/> Head Start <input type="checkbox"/> West Care <input type="checkbox"/> FEOC- Health Services <input type="checkbox"/> CA Health Collaborative <input type="checkbox"/> FEOC- Adolescent Family Life Program <input type="checkbox"/> Comprehensive Youth Service of Fresno <input type="checkbox"/> OTHER: | |

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|--|--|
| Referral Information-Reason for Referral:(Non-Confidential): | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

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| Referred By: (person) | Date: |
| Referring Parties Direct Phone #: | Signed Release of information on file Y <input type="checkbox"/> N <input type="checkbox"/> |
| Assessment Completed: Y <input type="checkbox"/> N <input type="checkbox"/> | State ID # (if applicable) |
| Appointment Time: | Date: |
| | Appointment with: |