|  |  |
| --- | --- |
| http://www.clipartbest.com/cliparts/RcA/BRL/RcABRLr7i.jpg | **How else can we help you?** |

*Did you know we can provide access to support for almost any need you have?* We can do this through both our services and through referrals to our partner programs.

**Instructions**

1. **Mark any and all of your current needs below.**
2. **Fill out the yellow highlighted areas on the reverse side of this form.**
3. **Return the form to the person who provided it to you or submit to the 2nd floor reception desk.**

**Job Search Needs**

Resume Advice & Preparation

Interview Advice & Preparation

Job Search Advice & Preparation

**Basic Needs**

Basic Computer Skills

Food Pantry

SNAP benefits (food stamps)

Shelter/Rental Assistance

Health Care

Mental Health Services

Phone

Heat/Energy Assistance

**Training**

Vocational Training to gain a specific skill

Adult Basic Education (GED/ESL)

Citizenship Preparation

Literacy/Numeracy Tutoring

Job-focused training for young adults ages 16 to 26

**Career Assistance for Specific Groups\***

Veterans

Job Seekers age 55+

My job was outsourced to another country.

I am interested in mentoring youth through coaching.

Individuals in need of Legal Assistance

Individuals with Disabilities

CHA Residents

\*Note: Individuals in these groups are invited to apply for programs designed specifically for them, but are also welcome and encouraged to apply for other programs.

|  |
| --- |
| **Program Use Only**  Which Pilsen Partner Program provided this form to the customer?  **Chicago Citywide Literacy Coalition**  Is this customer currently enrolled in your program? |

Rev 1-4-18 Pilsen American Job Center



**Chicago Workforce Center at Pilsen Partner Referral Form**

Participant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral agency:**

Organization: **Chicago Citywide Literacy Coalition** Contact name: **Robert Guzman**

Email: [robert@chicagocitywideliteracy.org](mailto:robert@chicagocitywideliteracy.org) Office # **312-659-1520** Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral to: National Able Network 1700 West 18th Street Chicago IL 60608**

|  |
| --- |
| □ Adult Education  □ Adult Literacy □ CTE-Perkins □ Illinois Department of Employment Services (IDES)    □ Vocational Rehabilitation **□** WIOA Program Services/ National Able Network  □ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Name: Maria Castillo Email mcastillo@nationalable.org Office# 312-994-8300  Reason for referral: Client is interested in attending WIOA orientation program and confirmed via telephone she will attend orientation on\_\_\_\_\_\_\_\_. Career Navigator provided WIOA flyer and explained eligibility and required documentation.  If applicable:  TABE score(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(R) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(M) / TABE grade level(s) \_\_\_\_\_\_\_\_\_(R) \_\_\_\_\_\_\_\_\_(M)  Date of test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TABE Locator/test scores attached: □ Yes □ No  Date of retest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TABE Locator/retest scores attached: □ Yes □ No |

**Participant Outcome**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions for participant**

Bring a copy of this referral form and any other relevant documents to your appointment.

Appointment Date:\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I hereby consent to the exchange and/or release of my confidential information between the Chicago Workforce Center’s partner agencies.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of participant Date**

***Internal Office Use Only***

*\*Fax / Scan / Email document to the agency receiving this referral\**

*Chicago Workforce Center partner referrals should be emailed to* [pilsenreferrals@nationalable.org](mailto:pilsenreferrals@nationalable.org)

*or faxed to* 312-994-8352.