

**Western Wisconsin Workforce Development Area
Resource and Referral Form**



A proud partner of the AmericanJobCenter® network

IDENTIFYING INFORMATION (Please print neatly in ink)

Last Name	First Name	Middle	Phone	Today's Date
Street Address		City	State	Zip
E-mail Address		County of Residence		Birth Date
Race (Check at least one): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hmong <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian Native or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No Latino <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred Language _____ Disability or limitation that affects getting or keeping a job <input type="checkbox"/> Yes <input type="checkbox"/> No Arrest or conviction record that limits your ability to get or keep a job <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a single parent <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a member of the military? <input type="checkbox"/> Yes <input type="checkbox"/> No Please check which one applies: <input type="checkbox"/> <=180 days <input type="checkbox"/> Eligible Veteran <input type="checkbox"/> Other Eligible Veteran <input type="checkbox"/> None of the above Veterans and eligible spouses receive priority of services under WIOA. Please ask staff for informational flyer for Veteran's Preference.		Is your spouse a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current occupational goal				
Highest grade level completed		Name of degree earned		

JOB SEARCH / EMPLOYMENT / PROGRAM REFERRALS

Please check the following as they apply to you, so that we may make appropriate referrals to programs and services.

<input type="checkbox"/> Job Seeking/Interviewing/Resume Assistance <input type="checkbox"/> Transportation Assistance <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Fuel/Energy Assistance <input type="checkbox"/> Food Share <input type="checkbox"/> BadgerCare/Medical Assistance (Health Insurance) <input type="checkbox"/> Workforce Innovation and Opportunity Act (WIOA) <input type="checkbox"/> Wisconsin Works (W2) or child care <input type="checkbox"/> In need of assistance with education or training <input type="checkbox"/> Homeless or at risk of homelessness <input type="checkbox"/> Money Management <input type="checkbox"/> Current transportation situation makes it difficult to get or keep a job	<input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Trouble speaking or reading English <input type="checkbox"/> Language Interpretation Services <input type="checkbox"/> Disability Related Services <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Have been dependent on the income of another family member, but no longer supported by that income <input type="checkbox"/> Seeking full-time employment <input type="checkbox"/> Unemployed due to a permanent layoff, plant closing, or farm closure. Company _____
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INFORMATION FOR PROGRAM COORDINATION (Who are you already working with?)

<input type="checkbox"/> Employment and Training Services	<input type="checkbox"/> WIC	<input type="checkbox"/> College/University
<input type="checkbox"/> Disability Services	<input type="checkbox"/> SSI/SSDI	<input type="checkbox"/> Literacy Services/GOAL
<input type="checkbox"/> Veteran's Services	<input type="checkbox"/> Medical Assistance/Badger Care	<input type="checkbox"/> Probation & Parole
<input type="checkbox"/> Transportation Programs	<input type="checkbox"/> Housing Assistance	<input type="checkbox"/> Domestic Abuse Programs
<input type="checkbox"/> W-2	<input type="checkbox"/> Energy Assistance/Weatherization	<input type="checkbox"/> Other _____
<input type="checkbox"/> Food Share	<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Other _____

****PLEASE FILL OUT PAGE 2 (BACKSIDE) OF THIS FORM WITH YOUR WORK HISTORY****

Your signature authorizes Partner Agencies to share information on an as-needed basis to coordinate services and make appropriate referrals. Your signature designates agreement to this release of information.

Name _____ Date _____

WORK HISTORY - (Start with your most recent job)

Employment Dates	Hourly Wage / Hours per Week	Employer	Job Title	Reason for Leaving
From ___/___/___ To ___/___/___	Hourly Wage \$ _____ Number of hours worked per week _____	Name _____ City, State _____		
From ___/___/___ To ___/___/___	Hourly Wage \$ _____ Number of hours worked per week _____	Name _____ City, State _____		
From ___/___/___ To ___/___/___	Hourly Wage \$ _____ Number of hours worked per week _____	Name _____ City, State _____		

Workforce Innovation and Opportunity Act programs are made available with Workforce Innovation and Opportunity Act funding from the Western Wisconsin Workforce Development Board, Inc., Wisconsin

FOR STAFF USE ONLY		
Seen By _____	Referred To _____	ASSET PIN _____
Staff Comments/Recommendations _____		

Department of Workforce Development and United States Department of Labor. The Western Workforce Development Board and Workforce Connections are equal opportunity employers and service providers. If you have a disability and need assistance with this information, please call us through Wisconsin Relay Service 7-1-1. Please contact us at (608-789-5499) to request information in an alternate format, including translated to another language