VIRGINIA CAREER WORKS
FREDERICKSBURG CENTER
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PROVIDER REFERRAL REQUEST FORM

REFERRAL INFORMATION

Referring Agency: **Date:**

Agency referring to: (Select from options below) ☐ Other ______________________

☐ Virginia Department for Aging and Rehabilitative Services (DARS) ☐ Melwood ☐ Rappahannock Goodwill Industries
☐ Virginia Employment Commission *Select: Veterans Wagner Peyser* ☐ Germanna Commmunity College
☐ Healthy Generations/Rappahannock Area Agency on Aging ☐ Virginia Department of Social Services ______________
☐ WIOA Adult and Dislocated Worker Program (18+) ☐ WIOA Youth Program (18-24) ☐ FailSafe-Era
☐ Rappahannock Area Regional Adult Education ☐ Telamon ☐ Virginia Veteran and Family Support

Client Name: ______________________ **Phone:** ______________
Age: ☐ *Youth - 17* ☐ *18-24* ☐ *25-35* ☐ *36-45* ☐ *46-54* ☐ *55-64* ☐ *65-75* ☐ *76-85* ☐ *86+*

I consent to releasing this information, for referral to partner agencies as I have indicated above. I understand that assistance is not guaranteed, and that I may need to provide more information to these agencies to qualify for additional assistance.

Signature: ______________________ **Date:** ______________

Name of staff completing form: ______________________ **Date:** ______________
Email: ______________________
Phone: ______________________

Request for additional supporting information (please detail):

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PROVIDER REFERRAL CONFIRMATION

Attention: Please be sure to follow-up by email with the staff person listed above and include referralvcwfc@fredgoodwill.org.

REFERRAL FOLLOW-UP INFO

Referral Received? ☐ Yes ☐ No: Explain

Appointment Scheduled with: **Date & Time:**

☐ Client declined opportunity for scheduling ☐ Client prefers to schedule at a later date
☐ 1st Attempt to contact ☐ 2nd Attempt to contact

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Referred Agency see back page.

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DON'T FORGET TO CLOSE THE LOOP!

Thank you.

DETAILS OF REFERRAL CLOSURE

Referral Completed? ☐ Yes ☐ No Explain:

Service (s) Provided:	**Date & Time:**

☐ Client declined referral **Reason** (if applicable): ____________________

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☐ Client accepted referral

☐ Additional follow-up needed (Please provide more details of services.)

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Who will follow-up on additional services needed? ____________________

☐ Client placed on wait list

How long? ____________________

Who will contact? ____________________

☐ Referral for other services:

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