

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Referral for Training / Services

- 1 Parent HH
- 2 Parent HH

DATE: _____ COUNTY: _____

The Department of Health and Human Resources is referring the individual named below for services/enrollment in and/or interview for:

- ABE / GED
- WV Courtesy Patrol
- SPOKES / EXCEL
- Rehabilitation Services (DRS)
- Workforce WV / BEP
- ABE Options / Choices**
- Other Training/Services: _____

INDIVIDUAL'S NAME: _____

REPORT TO: (Name and Address of Training Site or Referral Agency)

CONTACT PERSON: _____

DATE: _____ TIME: _____ TELEPHONE: _____

INFORMATION NEEDED/COMMENTS: _____

DHHR Office Address

Phone Number _____ Signature – WV WORKS Staff _____

Please Complete This Section and Return Entire Yellow Copy to the Above DHHR Staff Member

Participant's Name: _____
Date Interviewed for Training/Program: _____
Scheduled Start Date for Training/Program: _____ Enrolled? Yes No
Comments: _____

Signature of Services/Training Representative