

## Sutter County One Stop (REFERRALS TO/FROM SUTTER COUNTY ONE STOP ONLY)



## **WIOA Program Referral**

| REFERRED INDIVIDUAL:              |                       |            |                 |       |
|-----------------------------------|-----------------------|------------|-----------------|-------|
| Date of Referral:                 | Last 4 digits of SS#: |            | Age: [] (16-21) | (22+) |
| Name:                             |                       |            |                 |       |
| Address:                          |                       | Phone No.: |                 |       |
| Email:                            |                       |            |                 |       |
| REFERRED BY:                      |                       |            |                 |       |
| Agency Name:                      |                       |            |                 |       |
| Staff Name:                       | Title:                |            |                 |       |
| Email:                            |                       |            |                 |       |
| Phone No.:                        |                       | _Ext.:     |                 |       |
| REFERRED To:                      |                       |            |                 |       |
| Referred to Agency Name:          |                       |            |                 |       |
| Staff Name:                       | Title:                |            |                 |       |
| Phone No.:                        |                       | Ext.:      |                 |       |
| PURPOSE OF REFERRAL:              |                       |            |                 |       |
|                                   |                       |            |                 |       |
|                                   |                       |            |                 |       |
|                                   |                       |            |                 |       |
| Results of referral Are requested | ed Are NOT requested  |            |                 |       |
| OUTCOME OF REFERRAL:              |                       |            |                 |       |
|                                   |                       |            |                 |       |
|                                   |                       |            |                 |       |
|                                   |                       |            |                 |       |

\* Please fax this referral back to the Sutter County One Stop at 530-822-5139 or email to sutteronestop@sutter.k12.ca.us



Equal Opportunity Employer/Program
Auxiliary aides & services are available upon request to individuals with disabilities.

The Sutter County One Stop is a proud partner of America's Job Center of California<sup>™</sup> network.