



Referral Form to Service Provider

Community Facility Information

Community Facility
Name _____

CF Counselor Name _____

Youth/Young Adult
Name _____

JR # _____

To your knowledge, has the youth/youth adult participated in any listed, or other, programs in the past 12 months?

DVR WIOA Youth MyJOB Unknown or N/A

Please explain or share additional information:

Does Youth/Young Adult have an
Employment &/or Education Goal

Yes No

Youth/Young Adult
Signature _____

Counselor Signature _____

Referred to _____

Date Referred _____

Service Provider Only

Date received _____

Planned date to
connect with Youth _____

MyJOB Service Provider Signature

Date

Send form to service provider in "referred to" line with subject line:

MyJOB Referral

CC: EC

CFA

JR Administrator – Desiree Cheung - desiree.cheung@dcyf.wa.gov

SCW Administrator – Patricia Padilla - patricia.padilla@scworkforce.org

