



American Job Center
Erica Nance, One Stop Operator
313 West Cedar Street
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REFERRAL FORM

Customer _____ **Date** _____
Address _____ **Phone** _____

Primary Referral (Check the referral partner)

- ☐ Workforce Essentials, Inc.
- ☐ Tennessee Opportunity Programs
- ☐ Vocational Rehabilitation
- ☐ Adult Education
- ☐ Job Corps
- ☐ Department of Human Services
- ☐ TCAT / Community College / University
- ☐ Senior Community Services Employment
- ☐ American Job Ctr. Staff (Adult & DW)

☐ Other: _____

Referral Contact Information:

Reason for Referral

- ☐ TANF
- ☐ Youth Services
- ☐ Funding for training opportunities
- ☐ Disability Services
- ☐ Alternative Secondary School diploma
- ☐ Young Adult Education and Training Programs
- ☐ SNAP
- ☐ Housing Assistance
- ☐ Counseling / Substance Abuse
- ☐ Tutoring/Study Skills
- ☐ Other: [Click here to enter text.](#)

Customer Release of Information

I authorize the release of information to board staff, as necessary to determine my eligibility for WIOA and related services, and to determine progress/completion/credentials attained; further, the release of information by staff necessary to secure related services/assistance on my behalf, and share information with other programs from which I receive or have received services. The authorization to share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.

Customer Signature **Date**

Staff Signature **Date**

Referring Agency: When a referred customer follows through with the referral and calls or visits your agency, please complete the information below and return the form back to the referring partner listed above.

Agency Name	Staff Name
Date Customer Initiated Services	Staff Signature
<input type="checkbox"/> Customer received services <input type="checkbox"/> Customer declined services <input type="checkbox"/> Customer is receiving services <input type="checkbox"/> Customer is ineligible for services*	
*Please specify reason for ineligibility:	