



## Western Oklahoma Workforce Area Referral to Partner or Community Resource

*This form is to be used to refer to an Oklahoma Works center. Please fill out completely, provide a copy to participant and e-mail or fax to appropriate Oklahoma Works center below. This referral form MUST be uploaded to the OKJOBMATCH File. The WIOA Staff will make contact with the participant within 72 hours of receiving referral.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Employment Assistance      | <input type="checkbox"/> Work Experience                         | <input type="checkbox"/> Link to Community Resources |
| <input type="checkbox"/> Training Assistance        | <input type="checkbox"/> On the Job Training                     | <input type="checkbox"/> Skills Matching             |
| <input type="checkbox"/> Assessments                | <input type="checkbox"/> Increase Your Wages                     | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Obtain High School Diploma | <input type="checkbox"/> Help to Keep Your Job or Gain Promotion |  |
| <input type="checkbox"/> Gain Employment Skills     |  |  |

Participant Name:	Appointment: <input type="checkbox"/> Showed <input type="checkbox"/> NO Showed <input type="checkbox"/> Other _____		
	_____	_____	
	Date	Time	
Participant Phone:	Participant Address:		Are you a Veteran or Covered Spouse?
Participant E-mail:			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b><u>This person needs assistance with or information regarding:</u></b>			
Person Making Referral:	Partner/Business:	Phone:	Email or Fax:

**Contact Oklahoma Works at:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Altus Oklahoma Works Center</b><br>1115 N Spurgeon<br>Altus, OK 73521<br>Ph: (580) 482-3262 Fax: (580) 482-3284<br><a href="mailto:Manager.altus@oesc.state.ok.us">Manager.altus@oesc.state.ok.us</a>                               | <input type="checkbox"/> <b>Enid Oklahoma Works Center</b><br>114 S Independence<br>Enid, OK 73701<br>Ph: (580) 234-6043 Fax: (580) 234-8405<br><a href="mailto:Manager.enid@oesc.state.ok.us">Manager.enid@oesc.state.ok.us</a>                            | <input type="checkbox"/> <b>Stillwater Oklahoma Works Center</b><br>3006 E 6 <sup>th</sup> Street (HWY 51)<br>Stillwater, OK 74074<br>Ph: (405) 624-1450 Fax: (405) 372-0295<br><a href="mailto:Manager.stillwater@oesc.state.ok.us">Manager.stillwater@oesc.state.ok.us</a> |
| <input type="checkbox"/> <b>Alva Oklahoma Works Center</b><br>1801 11 <sup>th</sup> Street, Office #2<br>Alva OK 73717<br>Ph: (580) 327-0344 x2085<br>Fax: (580) 327-5467<br><a href="mailto:alva@wowdb.org">alva@wowdb.org</a>                                 | <input type="checkbox"/> <b>Guymon Oklahoma Works Center</b><br>304 NE 4 <sup>th</sup> Street<br>Guymon, OK 73942<br>Ph: (580) 338-8521 Fax: (580) 468-1814<br><a href="mailto:Manager.guymon@oesc.state.ok.us">Manager.guymon@oesc.state.ok.us</a>         | <input type="checkbox"/> <b>Weatherford Oklahoma Works Center</b><br>1516 Lera Drive Suite 1<br>Weatherford, OK 73096<br>Ph: (580) 302-7380 Fax: (580) 744-5256<br><a href="mailto:Manager.weatherford@oesc.state.ok.us">Manager.weatherford@oesc.state.ok.us</a>            |
| <input type="checkbox"/> <b>Burns Flat Oklahoma Works Center 621</b><br>Sooner Drive, Adult Education Bld.,<br>Office #7<br>Burns Flat, OK 73624<br>Ph: (580) 562-3181 x238 Fax: (580)<br>562-4523 <a href="mailto:burnsflat@wowdb.org">burnsflat@wowdb.org</a> | <input type="checkbox"/> <b>Ponca City Oklahoma Works Center</b><br>400 E. Central Suite 103<br>Ponca City, OK 74601<br>Ph: (580) 765-3372 Fax: (580)765-6145<br><a href="mailto:Manager.poncacity@oesc.state.ok.us">Manager.poncacity@oesc.state.ok.us</a> | <input type="checkbox"/> <b>Woodward Oklahoma Works Center</b><br>1117 11th Street<br>Woodward, OK 73801<br>Ph: (580) 256-3308 Fax: (580) 254-3093<br><a href="mailto:Manager.woodward@oesc.state.ok.us">Manager.woodward@oesc.state.ok.us</a>                               |

I authorize the agencies/organizations listed to release/obtain/exchange any information pertaining to assisting me in receiving resources/services. All confidential information can be released for the purpose of evaluation, assessments, eligibility and/or coordinating efforts to assist me. I may revoke my consent at any time in writing. By my signature below, I affirm that I have read this release or it has been read to me, and I understand its content.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_





## Western Oklahoma Workforce Area Referral to Partner or Community Resource

*This form is to be used to refer to an Oklahoma Works center. Please fill out completely, provide a copy to participant and e-mail or fax to appropriate Oklahoma Works center below. This referral form MUST be uploaded to the OKJOBMATCH File. The WIOA Staff will make contact with the participant within 72 hours of receiving referral.*

### Referral to:

Name of Partner/Resource: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

### Initial WIOA Staff Contact with Partner/Resource –

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Follow Up WIOA Staff Contact with Partner/Resource –

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Participant Name:	Appointment:    Showed    NO Showed    Other _____		
	_____		
	Date	Time	
Participant Phone:	Participant Address:		<b>Are you a Veteran or Covered Spouse?</b>
Participant E-mail:			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b><u>This person needs assistance with or information regarding:</u></b>			
Person Making Referral:	Partner/Business:	Phone:	Email or Fax:

I authorize the agencies/organizations listed to release/obtain/exchange any information pertaining to assisting me in receiving resources/services. All confidential information can be released for the purpose of evaluation, assessments, eligibility and/or coordinating efforts to assist me. I may revoke my consent at any time in writing. By my signature below, I affirm that I have read this release or it has been read to me, and I understand its content.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

