

CALWORKS EMPLOYMENT SERVICES REFERRAL

Date: _____ To: _____

Case #: _____ From: _____

Customer Information:

Last Name: _____ First Name: _____

Address: _____

Phone: _____ Email: _____

CIN: _____ Language(s): _____

Accommodations Needed: Interpreter Services Other Services _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the release and exchange of information between the County of San Diego Health and Human Services Agency, their employment services representatives and the Service Provider for the purpose of obtaining and maintaining the requested services, which are available through the CalWORKs Program.

Customer Signature: _____ Date: _____

Request for Services:

Services requested outside of _____ region. Reason: _____

Training/Employment

- Vocational Training
- Work Study
- Other: _____
- Community Service
- WEX-Work Experience
- EWE-Expanded Work Experience
- ESE-Expanded Subsidized Employment

Support Programs

- Domestic Violence Services
- BHS-Behavioral Health Services
 - Mental Health Treatment
 - Substance Use Disorder Treatment
- HSP-Housing Support Program
- Other: _____
- FSC-Family Stabilization Coordinator Services
Housing/Utility Needs and Vehicle Repair Assistance
- FSS-Family Stabilization Specialist Services
Screening/Assessment, Crisis Intervention,
Housing Navigation, Community Referrals/Resources

Program/Participation Information: (TO BE COMPLETED WHEN REFERRAL IS MADE BY EMPLOYMENT SERVICES STAFF)

Registration/Participation Status: _____

Participation Requirement (hours/week): _____ Two-Parent Household

Current Activities/Schedule: _____

Remaining Time on Aid: CalWORKs _____ WTW _____

Confirmation of CalWORKs/WTW Eligibility to Receive Services: Referral Month Future Month

Referral Disposition: (TO BE COMPLETED BY SERVICE PROVIDER)

Date Referral Received: _____ Referral Status: Accepted Denied/Returned

Reason for Denial/Return: _____

Service Start Date: _____ End Date: _____

Schedule: _____

Service Location: _____

Comments: _____

Service Provider Contact: _____

