# Referral to
# Workforce Development Department (WDD)

**Name (First, Middle, Last):**

**Last 4 SSN**

**City of Residence**

**Email Address**

**Phone Number**

**Alternate Phone Number**

## Referral Information

Required documents needed for visit:

☐ Photo I.D. (proof of identity)  ☐ Document providing date of birth/age  ☐ Not Applicable

☐ U.S. Social Security card  ☐ DD-214 (if military Veteran)

☐ Proof of San Bernardino County residency  ☐ Proof of Unemployment Insurance Eligible/Exhausted/Ineligible

Referred For:

☐ Assessment  ☐ Placement/Job Development  ☐ English as Second Language (ESL)

☐ Education/Training  ☐ Educational Testing Service (ETS)  ☐ General Education Development (GED)

☐ Veteran's Services  ☐ High School Equivalency Test (HSET)  ☐ Unemployment Insurance  ☐ Other: _____

Comments

List of Other Agencies Referred To:

Preferred Language

## Organization Referred From

Referred From (Organization)

Date Referred

Referred By

Phone Number

Email Address

I authorize the Organization, _____, to release information about me to the San Bernardino County Workforce Development Department. I understand this release will remain in effect unless I choose to revoke it.

Customer Signature

Date