



BUSINESS REFERRAL FORM

Referral Information

Agency Providing Referral: _____ Date: _____

Name of Agency Representative: _____

WorkSource Center—Referred to: _____

BusinessSource Center—Referred to: _____

Confirmation Date of Receipt: Received By:

Business Information

Business Name: _____ Owner: _____

Address: _____

Telephone Number: _____ Fax: _____

Email Address: _____ Website: _____

Industry: _____ Business Entity: _____

WIOA WORKSOURCE CENTER BUSINESS SERVICES NEEDED

RECRUITMENT SERVICES & NEW HIRES		LAYOFF/DOWNSIZING SERVICES		TRAINING & TECHNICAL ASSISTANCE (cont'd)	
<input type="checkbox"/>	Develop Job Description	<input type="checkbox"/>	Lay-off Aversion	<input type="checkbox"/>	Assistance in Hiring People with Disabilities
<input type="checkbox"/>	Filling Job Order via Candidate Screening and Resume Referrals	<input type="checkbox"/>	Rapid Response	<input type="checkbox"/>	HR Referrals
<input type="checkbox"/>	Filling Job Order via Customized Recruitment	OTHER SERVICES		<input type="checkbox"/>	Research
<input type="checkbox"/>	Placement/Hire			<input type="checkbox"/>	Labor Market Information
<input type="checkbox"/>	On-the-Job Training	TRAINING & TECHNICAL ASSISTANCE		<input type="checkbox"/>	Industry Focus Group
<input type="checkbox"/>	New Employee Retention Workshop			<input type="checkbox"/>	Industry Sector Workshop
REFERRAL		<input type="checkbox"/>	Resource Center Use	<input type="checkbox"/>	Identifying Career Ladders
		<input type="checkbox"/>	Speaker Services	<input type="checkbox"/>	

BUSINESSSOURCE SERVICES NEEDED

<input type="checkbox"/>	Business Plan/Executive Summary	<input type="checkbox"/>	One-on-one Consulting	<input type="checkbox"/>	Permits/Licenses/Certification
<input type="checkbox"/>	Business Courses	<input type="checkbox"/>	Marketing/Market Assessment	<input type="checkbox"/>	Site Finding/Lease Negotiation Assistance
<input type="checkbox"/>	Business Objectives Assessment	<input type="checkbox"/>	Cash Flow Management	<input type="checkbox"/>	Legal/Tax Consulting
<input type="checkbox"/>	Financing /Access to Capital	<input type="checkbox"/>	Procurement Assistance	<input type="checkbox"/>	Other

Follow-up Date: Status of Referral: ☐ Complete ☐ Pending

Note/Outcome: _____