



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)
Develop Job Description	Lay-off Aversion	Assistance in Hiring People with Disabilities
Filling Job Order via Candidate Screening and Resume Referrals	Rapid Response	HR Referrals
Filling Job Order via Customized Recruitment	OTHER SERVICES	
Placement/Hire	Other services with pre-approval	Research
On-the-Job Training	TRAINING & TECHNICAL ASSISTANCE	
New Employee Retention Workshop	Incumbent Worker Customized Training	Industry Focus Group
REFERRAL	Resource Center Use	Industry Sector Workshop
Referral to BusinessSource	Speaker Services	Identifying Career Ladders

BUSINESSSOURCE SERVICES NEEDED

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

Follow-up Date: Status of Referral: Complete Pending

Note/Outcome: _____