



# WAGE SUBSIDY PROGRAM

## REFERRAL FORM

Workforce Investment Board of Herkimer, Madison and Oneida counties, Inc.

DATE OF REFERRAL: \_\_\_\_\_

NAME: \_\_\_\_\_

CURRENT STATUS: ( ) FA ( ) SNF ( ) TANF 200% \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

LAST YEAR OF SCHOOL COMPLETED: \_\_\_\_\_ NAME OF SCHOOL: \_\_\_\_\_

DOES CUSTOMER HAVE GED? \_\_\_\_\_ HIGH SCHOOL DIPLOMA? \_\_\_\_\_

OTHER TRAINING/CERTIFICATIONS/DEGREES (specify) \_\_\_\_\_

LIMITED ENGLISH PROFICIENCY ( ) YES ( ) NO \_\_\_\_\_ INDIVIDUAL WITH DISABILITY ( ) YES ( ) NO \_\_\_\_\_

PREVIOUS CONVICTIONS: ( ) NONE ( ) FELONY ( ) MISDERMEANOR \_\_\_\_\_

CUSTOMER IS SEEKING EMPLOYMENT IN THE FOLLOWING AREA(S): \_\_\_\_\_

HAS CUSTOMER COMPLETED PRIDE IN WORK? ( ) YES. Date completed: \_\_\_\_\_ ( ) NO \_\_\_\_\_

ADDITIONAL BACKGROUND WHICH MAY BE HELPFUL (please include any customer challenges regarding obtaining/retaining employment): \_\_\_\_\_

Referred by:

NAME: \_\_\_\_\_ AGENCY: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Return this form to:**

Charlene Deon  
Workforce Investment Board  
209 Elizabeth St., 2<sup>nd</sup> floor  
Utica, NY 13501  
Fax: 798-5909  
Phone: 798-5293

**e-mail: cdeon@ocgov.net**

Equal Opportunity Employer/Program. Auxiliary aids and services available upon request to individuals with disabilities.