

WIA TITLE I-B AND ARRA PROGRAM MANAGEMENT POLICIES AND PROCEDURES

MEMORANDUM #09-18

To: All WIA Title I-B and ARRA Adult and Dislocated Worker Program Subrecipients

Subject: Referrals

Supercedes: Adult and Dislocated Worker Referrals #05-18

Effective Date: July 1, 2009

A. POLICY

The WorkSource Snohomish County Memorandum of Understanding (MOU) is predicated upon the full integration of services among partner agencies. All partner agencies, including those funded through Wagner-Peyser and WIA and those that are not, contribute to the delivery of core services. All partner agencies that have employment as an outcome also contribute to the work of the Business Services Team. All assessments are conducted for the full array of programs offered by partners and each Individual Employment/Training Plan developed utilizing all services from all programs for which a given job seeker is eligible as appropriate to achieve the goals of her/his plan. The financial planning that is conducted with the job seeker also takes into consideration all appropriate funding streams for the fulfillment of that plan. These principles are articulated in the MOU and in the applications issued by Workforce Development Council Snohomish County (WDCSC) to WorkSource Site Operators for the receipt of WIA and/or ARRA Adult and Dislocated Worker Program funds. The responses submitted by the Site Operators on behalf of all the partners incorporate these principles and associated protocols. These responses are, in turn, incorporated into each partner's WIA and/or ARRA contract(s) as the Statement of Work.

Consistent with the Workforce Investment Act, 20 CFR 662.300, the Washington State Strategic and Operations Plans for workforce development, and WDCSC's MOU, it is the policy of WDCSC that WorkSource Snohomish County partners collect all information necessary to document referrals between partners for services to WIA Title I-B and ARRA program participants.

B. PROCEDURES

Program participants who are in need of services which are not available on site in the WorkSource Centers should be referred to the most appropriate community resource as soon as the need for referral is established. The following steps must be followed and documented in both the statewide Management Information System (SKIES), as well as in the case notes kept in the participant file.

1. The participant should receive a written or electronic referral with the date, time, and place of the appointment.
2. All referral appointments should be scheduled within three working days.
3. The individual making the appointment will follow-up with the participant within two working days of the scheduled appointment date.

A form that may be used to record referrals that meets these criteria is provided in Attachment A. Center partners are encouraged to use the SKIES referral function in place of this form.

Within this context, each participant and her/his employment specialist hold regularly scheduled meetings at which service plans are monitored and updated. The employment specialist is responsible for coordinating additional programs and services on behalf of the participant. Case staffing with the participant and other programs/agencies are arranged to facilitate coordination of services and resources as needed. Referrals to other providers or resources are documented and follow up recorded in the participant's case file.



Referral for Services

Current Date:		Referral Date:	
Customer's Name:			
Address & Zip Code:			
Phone:		Alternate Phone:	
Referred To:			
Address & Zip Code:			
Contact Person:		Phone:	
Referral Reason:			
Follow-up Date:			
Response Requested:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Referring From:	<input type="checkbox"/> WS Lynnwood <input type="checkbox"/> WS Everett		
Address & Zip Code:			
Referred by:		Phone:	
Email:			
Attachments: (if applicable)			
<input type="checkbox"/> Release of information	<input type="checkbox"/> Assessments	<input type="checkbox"/> Intake	
<input type="checkbox"/> Employment Plan	<input type="checkbox"/> Program Eligibility	<input type="checkbox"/> Work Readiness Plan	
<input type="checkbox"/> Payment Authorization	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Other	

Note to the Customer: "This is a Referral Only!" Services will be determined by the provider according to agency guidelines.