# WE DO RECOVER INC. (WDRI)

# EMPLOYMENT SERVICES REFERRAL FORM

*Empowering Recovery. Restoring Hope. Rebuilding Lives.*

## CLIENT INFORMATION

Name:_____ DOB: _____

Phone:_____ Email: _____

County: ☐ Berkeley ☐ Jefferson ☐ Morgan ☐ Hampshire ☐ Hardy ☐ Other: _____

Preferred Contact: ☐ Call ☐ Text ☐ Email

Employment Status: ☐ Unemployed ☐ Part-Time ☐ Full-Time ☐ Other: _____

## SERVICES REQUESTED

☐ Job Search Assistance
☐ Job/Employer Referrals
☐ Application Assistance
☐ Transportation Resources
☐ ID/Documentation Assistance
☐ Résumé Assistance
☐ Interview Preparation
☐ Education/Training Referral
☐ Work Clothing/Supplies
☐ Other:

## EMPLOYMENT BARRIERS / NEEDS

☐ Transportation ☐ Criminal Background ☐ ID/Documents ☐ Education/Training ☐ Limited Work History
☐ Technology ☐ Childcare ☐ Housing ☐ Other: _____

## REFERRING ORGANIZATION

Organization: _____ Referral Date:_____

Staff Name:_____ Title: _____

Phone:_____ Email: _____

**Reason for Referral / Additional Information**

_____

_____

## CLIENT CONSENT

I authorize the referring organization to provide the information on this form to We Do Recover Inc. (WDRI) for the purpose of connecting me with employment, workforce, education, training, and related support services. I understand that submitting a referral does not guarantee employment.

Client Signature: Date:

_____ _____