

Form to Refer Customers to the Job Center of Lake County

This form should be utilized to refer individuals to the Job Center of Lake County. Please be sure to indicate the customer's information, services needed, and who is referring the customer. It will be the responsibility of the customer to bring this form with them to the Job Center of Lake County, to have it signed, and to return it to the agency that referred them.

Customer Information

Name:	Date: / /
E-mail:	Phone:

Referral From:

Referring Staff Member's Name:			
E-mail:		Phone:	
<input type="checkbox"/> College of Lake County (CLC)	<input type="checkbox"/> Community Services Block Grant (CAP)	<input type="checkbox"/> Dept. of Corrections: All ex-offender, reentry, Lake County Jail services (DOC)	<input type="checkbox"/> IL Dept. of Employment Security (IDES)
<input type="checkbox"/> IL Dept. of Human Services (IDHS)	<input type="checkbox"/> IDHS: IL Dept. of Rehabilitation Services (IDRS)	<input type="checkbox"/> Lake County Housing Authority (LCHA)	<input type="checkbox"/> Lake County Workforce Development (LCWD)
<input type="checkbox"/> National Able: Senior Employment Program (SCSEP)	<input type="checkbox"/> YouthBuild Lake County	<input type="checkbox"/> Youth Conservation Corp. (YCC)	<input type="checkbox"/> Other:

Notes: _____

Services Needed

<input type="checkbox"/> Information Session	<input type="checkbox"/> Open Lab	<input type="checkbox"/> Workshop: _____
<input type="checkbox"/> Resource Room	<input type="checkbox"/> Hiring Event/Job Fair	<input type="checkbox"/> Staff: _____
<input type="checkbox"/> Veteran Services	<input type="checkbox"/> Ex-Offender Services	<input type="checkbox"/> Other: _____

Notes: _____

Staff's Signature: _____

Date: _____