



Tina Kinney
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Kansasworks

Programs:

Adult

Dislocated Worker

Youth 17 – 24 yrs old

Please contact me for more information

Local Area I Partner Referral and Follow-Up Form

Date: _____ Referring Staff Member: _____ Partner: _____

Participant Name: _____

Phone Number: _____ Email: _____

Client currently working: Full-Time _____ Part-Time _____ # Hrs. _____ Not working _____

Employment Interest Areas: _____

Veteran ☐ Yes ☐ No

What services have you provided so far:

- ☐ Resume ☐ Job Search ☐ Workshop
☐ Employment Plan Development ☐ Basic Skills Remediation ☐ ESL Services
☐ Workshop – Type: _____
☐ Assessments – Type: ☐ Interest ☐ Basic Skills (Reading, Math, and Locating Information)
☐ Hard Skills (Computer Skills, 10-Key, etc.) ☐ Aptitude
☐ Out-of-Area Job Search Assistance ☐ Relocation ☐ On-the-Job Training
☐ Occupational Skills Training ☐ Work Experience ☐ GED/ESL/Alternative Diploma
☐ Workshop – Type _____
☐ Other _____

What services do you feel the customer needs in order to obtain and retain gainful employment:

- ☐ Resume ☐ Job Search ☐ Workshop
☐ Employment Plan Development ☐ Basic Skills Remediation ☐ ESL Services
☐ Workshop – Type: _____
☐ Assessments – Type: ☐ Interest ☐ Basic Skills (Reading, Math, and Locating Information)
☐ Hard Skills (Computer Skills, 10-Key, etc.) ☐ Aptitude
☐ Out-of-Area Job Search Assistance ☐ Relocation ☐ On-the-Job Training
☐ Occupational Skills Training ☐ Work Experience ☐ GED/ESL/Alternative Diploma
☐ Workshop – Type _____
☐ Other _____

Other service and/or partner referrals made on behalf of customer:

Any additional information that would assist in serving the customer:

Referral Follow Up

Case Manager Name: _____ Location: _____

Phone Number: _____ Email: _____

Participant Enrolled in Partner Program ☐ Yes ☐ No If yes, next steps: _____

If no, reasons: _____