



Desired work location(s)

NAME OF APPLICANT: _____

FOR ONE STOP/SKILLSOURCE CENTER STAFF USE ONLY

REFERRED TO PARTNERS (Check Applicable Agencies):

- | | | |
|-----------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> WIA Title I Adult | <input type="checkbox"/> WIA Title I DW | <input type="checkbox"/> WIA Title I Youth |
| <input type="checkbox"/> Veterans Services | <input type="checkbox"/> VEC | <input type="checkbox"/> Dept. of Family Services
TANF, FS, CPS, etc. |
| <input type="checkbox"/> OAR/VASAVOR
Offender Programs | <input type="checkbox"/> ServiceSource | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Job Corps | <input type="checkbox"/> Native American | <input type="checkbox"/> Migrant & Seasonal Farm
Workers |
| <input type="checkbox"/> Trade/NAFTA Transitional
Assistance | <input type="checkbox"/> Disabled Veterans Outreach | <input type="checkbox"/> FCPS Adult Education/
Literacy Activities |
| <input type="checkbox"/> Community Service Block Grant | <input type="checkbox"/> Alcohol and Drug Services | <input type="checkbox"/> Diocese of Arlington |
| <input type="checkbox"/> Reston Interfaith | <input type="checkbox"/> Department of Rehabilitative
Services | <input type="checkbox"/> Area Agency for Aging or other
Senior Community Services |
| <input type="checkbox"/> Other _____ | | |

ADDITIONAL COMMENTS:

STAFF SIGNATURE: _____ **DATE:** _____

I APPROVE THE RELEASE OF INFORMATION TO THE ONE STOP/SKILLSOURCE CENTER AND PARTICIPATING AGENCIES OF RECORDS AND INFORMATION RELEVANT TO MY JOB SEARCH AND CAREER NEEDS.

APPLICANT SIGNATURE: _____ **DATE:** _____

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STATUS OF REFERRAL:

- ☐ Enrolled in program – please specify: _____
- ☐ Not enrolled ☐ Other – please specify: _____