

Adult Basic Education / WIA Referral Letter

County _____

ABE Phone _____ Fax _____

Date Referred _____

Client Name _____ SSN _____

Address (City, State, Zip) _____

Phone _____

TABE SCORES **DATE OF TABE TEST**

	SCALE SCORE	GRADE EQUIVALENCY
READING	_____	_____
MATH	_____	_____
LANGUAGE	_____	_____

TO WIA CASE MANAGERS:

This client is being considered for the Workforce Investment Act (WIA) funded Adult Basic Education (ABE) class. We have provided this candidate with a WIA application, a checklist of documentation required to make application, and this letter of referral. The client has been instructed to complete it fully, gather information needed, and to make an appointment with the local WIA Case Manager.

Client Release of Information

I authorize the release of information to WIA staff, as necessary to determine my eligibility for WIA and related services, and to determine progress/completion/credentials attained; further, the release of information by staff necessary to secure related services/assistance on my behalf, and share information with other programs from which I receive or have received services. The authorization to share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner. I also understand and agree that providing this information does not guarantee my eligibility for this class or for WIA funding.

Client Signature Date

Parent/Guardian Signature (If under 18) Date

ABE Staff Signature Date

(NOTE: ABE should maintain a copy of the Referral Letter for office records.)

Disposition of Referral

To be completed by the WIA Case Manager and faxed to the local Adult Education Office.

WIA Approved YES NO Date Approved _____

Denied/Reason _____ Date Denied _____

Beginning TABE

Increase TABE _____ score by one Educational Functioning Level (EFL)

WIA Staff Signature Date