Step Forward & Find Your Success

ABAWD Referral

**Career Goal:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ABAWD Option Chosen:** Work Workfare Training

**Seeking Program Information For:** BFET WIOA Trade Act

**Next Contact:** DSHS WorkSource DVR SCC Continuing Ed. SFCC YWCA

AmeriCorps Apprenticeship Goodwill Next Gen Zone Other

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointment Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity form due by 10th of the month. Next due date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Commitment Statement:** “I understand that I have the options and opportunities explained above. I will contact the above selected agency within 5 business days. If I cannot contact the provider or agency, I will contact my ABAWD navigator.”

**ABAWD Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Notes:

**Questions?** Contact Tracey Osso, ABAWD Program Manager, P: 509-533-4107 Bldg. 17, Rm 226

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