**ABAWD Referral**

Name: Career Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Goodwill****Tori Skinner** **360.425.7520**1030 15th Ave, Longview, WA 98632 | **CAP****Jani Carver****360.425.3430**1526 Commerce Ave, Longview, WA 98632 |  **Worksource****Et Vath****360.577.2250**305 S Pacific Ave b, Kelso, WA 98626 | **Lower Columbia College BFET****Breanna Henson****360.442.2333** 1600 Maple St, Longview, WA 98632o  | **Resource**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_o  |

I understand and agree that:

(Please initial each statement below)

 \_\_\_\_\_ I will go to my appointment on \_\_\_/\_\_\_/\_\_\_\_ at \_\_\_\_:\_\_\_\_\_\_

\_\_\_\_\_ I will contact the above selected agency within 10 business days.

\_\_\_\_\_ I will report my participation to DSHS at 1.877.501.2233

**\_\_\_\_\_ If I cannot make it to the referral/agency I will contact Steven Boyer at 360.442.2335.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

**White = Client Copy Pink = Navigator Copy Yellow = Referred Agency Copy**

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