

WORKFARE REFERRAL TO WORKFORCE DEVELOPMENT

| | |
|-----------------------|--------------------------------|
| Participant's name | Social security number |
| IABC case name | IABC case number |
| Participant's address | Participant's telephone number |

- Schedule an appointment for this participant to meet with IWD to review job contacts and for placement in a workfare job assignment.
- Schedule an appointment for this participant to meet with IWD for placement in a workfare job assignment.

| | |
|---------------------------------------|------------------------------|
| DHS worker name and DHS worker number | Date of referral to workfare |
|---------------------------------------|------------------------------|

Double Click to **SEND** Form