



Green Country Workforce Area Referral to Partner or Community Resource

This form is to be used to refer to an Oklahoma Works center. Please fill out completely, provide a copy to participant and e-mail or fax to appropriate Oklahoma Works center below. This referral form MUST be uploaded to the OKJOBMATCH File. The WIOA Staff will make contact with the participant within 72 hours of receiving referral.

- | | | |
|-----------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Employment Assistance | <input type="checkbox"/> Work Experience | <input type="checkbox"/> Link to Community Resources |
| <input type="checkbox"/> Training Assistance | <input type="checkbox"/> On the Job Training | <input type="checkbox"/> Skills Matching |
| <input type="checkbox"/> Assessments | <input type="checkbox"/> Increase Your Wages | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Obtain High School Diploma | <input type="checkbox"/> Help to Keep Your Job or Gain Promotion | |
| <input type="checkbox"/> Gain Employment Skills | | |

Participant Name:	Appointment: <input type="checkbox"/> Showed <input type="checkbox"/> NO Showed <input type="checkbox"/> Other _____		
	_____	_____	
	Date	Time	
Participant Phone:	Participant Address:		Are you a Veteran or Covered Spouse?
Participant E-mail:			Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>This person needs assistance with or information regarding:</u>			
Person Making Referral:	Partner/Business:	Phone:	Email or Fax:

Contact Oklahoma Works at:

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input type="checkbox"/> Eufaula Satellite Office at Under One Roof
107 McKinley St., Eufaula, OK 74432
<i>Hours of Operation: M-F 8am-5pm</i>
Ph: (918) 618-6226
referral@greencountryworks.org</p> <p><input type="checkbox"/> Muskogee Oklahoma Works Center
717 S. 32nd St., Muskogee, OK 74401
<i>Hours of Operation: M-F 8am-5pm</i>
Ph: (918) 618-6226 Fax: (918) 682-4311
heather.ellis@oesc.state.ok.us</p> <p><input type="checkbox"/> Okmulgee Oklahoma Works Center
1601 S. Wood Dr., Okmulgee, OK 74447
<i>Hours of Operation: M-F 8am-5pm</i>
Ph: (918) 304-3126 Fax: (918) 756-1942
tara.leneave@oesc.state.ok.us</p> | <p><input type="checkbox"/> Sallisaw Satellite Office at Cherokee Nation
100 E. Choctaw Ave., Sallisaw, OK 74955
<i>Hours of Operation: M-F 8am-5pm</i>
Ph: (918) 776-0416
referral@greencountryworks.org</p> <p><input type="checkbox"/> Sapulpa Oklahoma Works Center
1700 S. Main St., Sapulpa, OK 74066
<i>Hours of Operation: M-F 8am-5pm</i>
Ph: (918) 224-9430 Fax: (918) 227-2859
tracey.ritz@oesc.state.ok.us</p> <p><input type="checkbox"/> Stilwell Oklahoma Works Center at Cherokee Nation
219 W. Oak St., Stilwell, OK 74960
<i>Hours of Operation: M-F 8am-5pm</i>
Ph: (918) 696-3124
referral@greencountryworks.org</p> | <p><input type="checkbox"/> Tahlequah Oklahoma Works Center
1295 Skills Center Circle,
Tahlequah, OK 74464
<i>Hours of Operation: M-F 8am-5pm</i>
Ph: (918) 456-8846 Fax: (918) 456-8847
judy.dildine@oesc.state.ok.us</p> <p><input type="checkbox"/> Tulsa Oklahoma Works Center
14002 E. 21st St., Suite 825, Tulsa, OK 74134
<i>Hours of Operation: M-F 8am-5pm</i>
Ph: (918) 796-1200
casi.martin@oesc.state.ok.us</p> <p><input type="checkbox"/> Wagoner Satellite Office at Wagoner Co. Courthouse North Annex
202 N. Casaver Ave., Wagoner, OK 74467
<i>Hours of Operation: Thursdays 8am-5pm</i>
Ph: (918) 682-3364
referral@greencountryworks.org</p> <p>North Tulsa Satellite Office at Oasis Fresh Market 1725 N. Peoria Ave., Tulsa, OK 74106
<i>Hours of Operation: Tues & Thurs 8am-5pm</i>
referral@greencountryworks.org</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

I authorize the agencies/organizations listed to release/obtain/exchange any information pertaining to assisting me in receiving resources/services. All confidential information can be released for the purpose of evaluation, assessments, eligibility and/or coordinating efforts to assist me. I may revoke my consent at any time in writing. By my signature below, I affirm that I have read this release or it has been read to me, and I understand its content.

Signed: _____

Date: _____





Green Country Workforce Area Referral to Partner or Community Resource

This form is to be used to refer to an Oklahoma Works center. Please fill out completely, provide a copy to participant and e-mail or fax to appropriate Oklahoma Works center below. This referral form MUST be uploaded to the OKJOBMATCH File. The WIOA Staff will make contact with the participant within 72 hours of receiving referral.

Referral to:

Name of Partner/Resource: _____

Date of Referral: _____

Address: _____

Phone: _____

E-mail: _____

Fax: _____

Initial WIOA Staff Contact with Partner/Resource –

Name: _____

Date: _____

Follow Up WIOA Staff Contact with Partner/Resource –

Name: _____

Date: _____

Participant Name:	Appointment: Showed NO Showed Other _____		

	Date	Time	
Participant Phone:	Participant Address:		Are you a Veteran or Covered Spouse?
Participant E-mail:			Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>This person needs assistance with or information regarding:</u>			
Person Making Referral:	Partner/Business:	Phone:	Email or Fax:

I authorize the agencies/organizations listed to release/obtain/exchange any information pertaining to assisting me in receiving resources/services. All confidential information can be released for the purpose of evaluation, assessments, eligibility and/or coordinating efforts to assist me. I may revoke my consent at any time in writing. By my signature below, I affirm that I have read this release or it has been read to me, and I understand its content.

Signed: _____

Date: _____

