



Adult Education Request for Referral

- Local Provider: Casper College Central Wyoming College Eastern Wyoming College
 LCCC: Cheyenne Northwest College NWCCD
 LCCC: Laramie Uinta: BOCES #1 Western Wyoming College
 WY Department of Corrections

Name of Student: _____ Date of Birth: _____

Contact Number: _____ Email: _____

I hereby request information for referrals to the following service provider(s):

Wyoming Department of Workforce Services for: (please check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Job Referrals | <input type="checkbox"/> Career Explorations | <input type="checkbox"/> Veterans' Services |
| <input type="checkbox"/> WY at Work Registration/Orientation | <input type="checkbox"/> Mock Interviews | <input type="checkbox"/> Work Experience |
| <input type="checkbox"/> Preparing for an Interview | <input type="checkbox"/> Resume/Cover Letter Writing | <input type="checkbox"/> Financial Literacy |
| <input type="checkbox"/> Other: _____ | | |

(please specify)

Wyoming Department of Vocational Rehabilitation: (please check all that apply)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Orientation | <input type="checkbox"/> Accommodations Testing |
|--------------------------------------|---|

Wyoming Department of Family Services for: (please check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program | <input type="checkbox"/> Cent\$ible Nutrition Program | <input type="checkbox"/> Juvenile Services |
| <input type="checkbox"/> Weatherization Assistance Program | <input type="checkbox"/> Child Care Assistance | <input type="checkbox"/> Telephone Assistance |
| <input type="checkbox"/> Low Income Energy Assistance | <input type="checkbox"/> Homeless Service | <input type="checkbox"/> Other: _____ |

(please specify)

Medical/Dental

- | | | |
|---|--|---|
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Dental Care | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Optometry (Vision) | <input type="checkbox"/> Audiology (Hearing) | <input type="checkbox"/> Treatment Facility |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Other: _____ | |

(please specify)

Educational Facility

- | | | |
|---------------|--|---|
| Postsecondary | <input type="checkbox"/> Training Provider | <input type="checkbox"/> Career & Technical Education |
|---------------|--|---|

Sexual Assault & Family Violence Services

Social Services

(Pre) Apprenticeship Program

Transportation

Wraparound Services

Other: _____

(please specify)

By Checking This Box, I am choosing NOT to be referred.

I give permission for the Adult Education Center at _____ to contact me about these referrals & assist in notifying the agencies I requested by passing my name and contact information to the proper resources.

Signature: _____ **Date:** _____

For Office Use Only:

Referral(s) Made to: _____ **Date:** _____

Description of Services Available By Provider

1) Wyoming Department of Workforce Services

Session Name	Description
Job Referrals	Workforce Specialist reviews skills and employment opportunities available.
Career Explorations	One-on-One using assessments to help narrow down career interests
Wyoming at Work Registration/Orientation	Employment specialists provide training on how to use the Wyoming at Work system for your benefit as a job seeker.
Mock Interviews	One-on-one practice interview with at least two Workforce Specialists.
Preparing for an Interview	Workshops specializing in how to properly prepare for a job interview.
Resume & Cover Letter Workshop	Workshop specializing in writing cover letters & different types of resumes.
Veterans' Services	Services provided to qualified Veterans' seeking employment.
Work Experience	Learn about the possibility to develop work readiness, career exploration in a work place for out of school youth and young adults (16-24)
Financial Literacy	Workshop discussing how to control & budget your money.

2) Wyoming Department of Vocational Rehabilitation

Session Name	Description
Orientation	Possible assistance for individuals with disabilities
Accommodations	Testing for accommodations.

3) Wyoming Department of Family Services

Session Name	Description
Supplemental Nutrition Assistance Program	SNAP provides monthly benefits that help low-income households buy the food they need for good health.
Cent\$ible Nutrition Program	CNP offers free cooking & nutrition education classes for both children & adults.
Child Care Assistance	The Child Care Subsidy Program helps low-income families pay for the cost of care when the parent(s) are working or in school or training
Juvenile Services	Independent Living Program focuses on helping qualified youth become self sufficient./ Youth may be eligible for education & training vouchers.
Low Income Energy Assistance	LIEAP pays part of winter home heating bills for eligible people.
Weatherization Assistance Program	The WAP helps households save money on home heating costs by improving their energy efficiency.
Homeless Service	The Wyoming Homeless Services Program partners with the Wyoming Homeless Collaborative to assist individuals (including unaccompanied youth) and families experiencing homelessness
Telephone Assistance	Lifeline is a federal discount program that lowers the monthly cost of phone or internet service.

4) General Definitions

	Description
Wraparound Services	Wraparound is designed for high-risk children and adolescents with the most complex needs. A treatment team develops a plan that is designed to meet the needs of the child and family in all aspects of their life, including: personal and community safety; family life; education; employment; recreation; emotional and physical health; spiritual and cultural needs; housing and issues related to the legal system and restorative justice.