DWS ESD/WDD 360
Rev. 12/2012

Print Form

State of Utah
Department of Workforce Services

UTAH'S PARTNERSHIP REFERRAL FOR SERVICES

Date: _____

Customer's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ **Alternative Phone:** _____

Referred To (Organization): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Contact Person: _____ **Phone:** _____ **Ext**: _____

Referred For:

- ☐ Assessment
- ☐ Family Services
- ☐ Education/Training
- ☐ Counseling, Personal
- ☐ Veteran's Services
- ☐ Placement/Job Development
- ☐ SSI/SSDI
- ☐ Medical Services
- ☐ Financial Assistance
- ☐ Housing
- ☐ Abuse Advocate
- ☐ Vocational Rehabilitation
- ☐ Transportation
- ☐ Food Assistance
- ☐ Energy Assistance
- ☐ Legal Services
- ☐ Crisis Intervention
- ☐ Other

Specify: _____

List of Other Agencies Referred To: _____

Referring from (Organization): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Referred By: _____ **Phone:** _____ **Fax**: _____

Response Requested: ..... ☐ Yes ☐ No

Comments: _____

Attachments (if applicable):

- ☐ Release of Information
- ☐ Payment Authorization
- ☐ Assessments
- ☐ Medical Records
- ☐ Intake/Eligibility or Employment Plan
- ☐ Other: _____

***Note to the Customer: "THIS IS A REFERRAL ONLY!"**
Services will be determined by the provider according to the agency guidelines.

Equal Opportunity Employer Program
Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.