

**WORK SERVICES PROGRAM**

**CONSULTATION REQUEST**

|  |  |  |
| --- | --- | --- |
| Client Name: | DOB: | Phone: |
| Referred by: | Referral Date: |  |
| Phone: | Ext: | Email: |

|  |  |
| --- | --- |
| Requested Action: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Incorrect ITT referral |  | Refer to Discovery |  | Refer to SSI Screening |  |
| Change Service Delivery Track |  | FF |  | WF |  |

|  |  |  |
| --- | --- | --- |
| 1. | Describe the family’s circumstances. Attach any relevant documentation: |  |
|  |  |  |
| **FFF recommends** |  | **date** |
|  |  |  |
| 2. | Summary of appointment attendance – (all partners): |  |
|  |  |  |
| **FFF recommends** |  | **date** |
|  |  |  |
| 3. | Summary of activity progress: |  |
|  |  |  |
| **FFF recommends** |  | **date** |
|  |  |  |
| 4. | Summary of partner outreach and engagement: |  |
|  |  |  |
| **FFF recommends** |  | **date** |
|  |  |  |
| 5. | Summary of activities: If the client has been assigned to a C/BWE or to work search, provide feedback from activity supervisor and/or employers with whom the client has interviewed: |  |
|  |  |  |
| **FFF recommends** |  | **date** |