



Referral to Goodwill Industries

Please email or fax your referral to: joannp@goodwillsacto.org / Fax: 916-395-2615
If filled out by hand, please use black ink only

Referral Date		Participant Name (Last, First, M.I.)	
Participant Address (Street including #, Zip)			
Contact Number	Alt. Contact Number	Email Address	
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Birthdate	Days/Times Available for Orientation		
<input type="checkbox"/> Please indicate if additional documentation is attached regarding physical restrictions or other accommodations needed.			
Education Level			
<input type="checkbox"/> > 9 th Grade	<input type="checkbox"/> 9 th Grade – 11 th Grade	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> GED
Documents in possession of:			
<input type="checkbox"/> ID / Driver's License	<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Passport	<input type="checkbox"/> Birth Certification
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> Transcripts	
Referral Agency	Referring Staff	Contact Number	Email Address
		()	
Additional Notes/Comments			
Notice: This information is Confidential. State law and regulations prohibit any further disclosure of this information without the informed, written consent of the person to whom this information pertains.			

<u>Goodwill Use Only</u>	
Referral Reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Orientation Date/Time: _____
Entered in ETO/CalJobs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Program Start Date: _____
Date Reviewed: _____	Review Signature: _____