

TO BE COMPLETED AT THE TIME WE RECEIVE A REFERRAL AND THE REFERRAL IS FORWARDED TO A PARTNER							TO BE COMPLETED WHEN A PARTNER RESPONDS		NOTES
Referral Received (Date)	Which partner made the referral?	Is this a mandated WIOA partner?	Customer Name	Which partner will receive the referral?	Is this a mandated WIOA partner?	Referral Forwarded (Date)	ONLY ADD DATE IF COLUMNS 2 AND 6 ARE BOTH "YES". Date the Referral Response is Due from Mandated Partners (2 business days after referral is made)	ONLY REQUIRED IF THERE IS A DATE IN COLUMN 7. Date Response Received By agency receiving referral	
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Pilsen Partners

Mandated:
WIOA
HSA
Adult Education
IOES (Other & Vets)
DHS
DHS
SCSEP/Program Rep

Not Mandated:
SCSEP/Contact Center
Able Vet Program
CWA
Ready 2 Work
Leaders Up
Up 2 Us Sports
Job Corps
St. Anthony Hospital Outreach
OPK (Institute)
Assurance Telephone
Pump Start Workshop(s)
Other

