**Instructions**

**What is the Reverse Referral Form?**

The Reverse Referral Form gives information to the local county assistance office (CAO) to help them

determine if you may attend a program.

**When would I use the Reverse Referral Form?**

The Reverse Referral Form is completed if you are not currently attending a program but you are

interested in their services.

**How do I complete the Reverse Referral Form?**

Please complete as much of the information as you know. If there is information you do not know,

put “unknown” in the box. Please only fill out the Client Information and the signature block.

**Client Information block**

1. CLIENT NAME: Print your full name.

2. SOCIAL SECURITY NUMBER

3. PHONE NUMBER: Enter a working phone number where you can be reached including area code

4. EMAIL ADDRESS: Enter your email address as this will be the best way for us to contact you and send you forms

5. REFERRAL REQUESTED: Put the name of the program you are interested in attending.

6. DATE OF BIRTH: Put your date of birth; use format MM/DD/YYYY (Ex. 10/12/1982).

7. RECEIVING: Check the box or boxes of what CAO benefits you are currently receiving.

8. RECORD # (if known): Put your case record number. This number is on documentation you

get from your local CAO.

9. EDUCATION: check the box that pertains to you regarding your High School Diploma, GED, or if you are working on getting your GED or would like to work on getting your GED

10. CAREER INTEREST (if known): Tell us what career you are interested in if you know. If you do not know yet, please enter “undecided.”

**Provider Information block**

1. PROGRAM NAME: Put the name of the program that you are interested in attending.

2. CONTACT NAME: Put the name of the contact person at the program you are interested in

attending.

3. PHONE: Put the phone number for the person you listed in box 2.

4. EMAIL: Put the email address of the program.

**Signature block**

Please sign your name and put today’s date.

**What do I do with the completed Reverse Referral Form?**

When you have completed the form, save it then email it to Yusra Salim, KEYS Administrative Specialist at [ysalim@racc.edu](mailto:ysalim@racc.edu), or print and drop off at the KEYS office at Reading Area Community College in Berks Hall, B223. There is a locked drop box outside that office. The completed Reverse Referral Form will be given to your local CAO to request consideration for the program. Authorized staff at the CAO will complete the CAO section of the form. They will determine who may attend the program and give the results to you and the provider you listed.

**REVERSE REFERRAL FORM**

**Client Information:**

|  |  |
| --- | --- |
| 1. Name: Click or tap here to enter text. | 1. Social Security #:Click or tap here to enter text. |
| 1. Phone:Click or tap here to enter text. | 1. Email:Click or tap here to enter text. |
| 1. Referral Requested: KEYS Program at RACC | 1. Date of Birth:Click or tap here to enter text. |
| 1. Receiving (check one):TANF SNAP Only | 1. Record # (if known):Click or tap here to enter text. |
| 1. Do you have a: High School Diploma GED  Neither, I would like to work on my GED before enrolling in classes or training. | 1. Career Interest (if known): Click or tap here to enter text. |

**Provider Information:**

|  |  |
| --- | --- |
| 1. Program Name: Reading Area Community College KEYS Program | |
| 1. Contact Name: Yusra Salim | |
| 1. Phone: 610-372-4721, ext. 5272 | 1. Email: ysalim@racc.edu |
| **By signing this Reverse Referral Form, I agree that all information provided is true and correct and permit the Program listed above to obtain the referral determination information requested, not to exceed a period of six (6) months following the date of my signature. Thank you for your cooperation.**  \_\_\_\_\_\_\_\_\_\_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_Click or tap here to enter text.\_  CLIENT SIGNATURE DATE | |

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| **THIS SECTION TO BE COMPLETED BY THE CAO TO VERIFY REFERRAL STATUS**  (Please email this form to the program listed above once the CAO makes a referral determination) |
| Please check one: Referred Not Referred  Please provide a brief summary of reason for determination:  Click or tap here to enter text. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  PRINT FIRST AND LAST NAME OF CAO STAFF TITLE DATE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CAO STAFF SIGNATURE PHONE NUMBER E-MAIL ADDRESS |