**Conditional Work Referral Form for Adult Basic Education (ABE)**

**Workforce Preparation Services\***

*Please note: This form is to be used if the customer* ***ONLY*** *needs the workforce preparation skills noted in F below.*

*This written referral to ABE is NOT necessary if the customer needs regular (core content) ABE services such as reading, writing, listening, speaking, and math.*

**A.** **Referring Agency**:

(Must be CareerForce staff\* or employment/MFIP counselors.)

**B**. **Referred By** (Staff Contact Name):

Phone       Email

**C.** **Customer Name**:

Phone       Email

**D. Referring Program** (Minnesota Family Investment Program, Youth program, Dislocated Worker, Vocational Rehabilitation, Employment Service Program):

**E.** **Referred to** (**name of ABE program and staff member**):

Phone

ABE Program Name

ABE Staff Contact

ABE Staff Email

ABE Staff Phone

**F. Referred for** (check all that apply):

Digital Literacy Skill Development

Job Seeking Skills (e.g. - Résumé Writing, Interviewing, and Job Searching)

Other (content listed here must have prior approval by the state ABE office – the ABE program may request such approval from MDE-ABE):

**G.** Please notify the referring agency once the customer is receiving ABE services:

Yes No

**H.** Please provide progress reports (if requested, these will be given to customer):

Yes No

**I.** Additional Instructions: