



Referral to L&I/WorkSource Partnership Services

Return to Work Partnership
PO Box 44291
Olympia WA 98504-4291

Date of Referral	Name of Vocational Services Specialist to Receive Referral	WorkSource Location Requested	
Worker's Name		Claim Number	Phone Number
Worker's Address		City	State Zip Code
Worker's Email Address		Phase of Vocational Services	Preferred Language
Attorney/Legal Assistant Name		Attorney/Legal Assistant's Phone Number and Email Address	
Referral Sent By		Referral's Phone Number and Email Address	
Is the worker's résumé attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Services Requested

- Introduction to WorkSource Services
- Job Search Assistance
- Résumé/Cover Letter Review and/or Preparation
- Optional Skills Assessments

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- Referral to WorkSource Programs/Services
 - Referral to Community Resources
 - Career Exploration/Development
 - Referral to Job Fair/Hiring Events
 - Computer Skills

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- Skill Enhancement Services
 - Option 2 Assistance

Comments/Additional Requests:

For L&I Use Only

Date Received

Date of First Contact

Date of First Appointment