



A Division of Goodwill  
**SHORELINE**  
 Workforce Development Services

*Our Business  
 is Changing Lives!*

350 Encinal Street, Santa Cruz, CA 95060  
 (831) 429-6415, Ext. 222  
 FAX 423-8968

**TRAINING REFERRAL/AUTHORIZATION FORM**

**CLIENT INFORMATION**

Client Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Birthday: \_\_\_\_\_  
 Social Security No.: \_\_\_\_\_  
 Ethnic Origin: \_\_\_\_\_  
 Source of Support: \_\_\_\_\_  
 Highest Grade Completed: \_\_\_\_\_ *grade/GED/College/Degree*  
 Transportation: *Yes - No*  
 Has client previously utilized services of this facility? *Yes - No*  
 If yes, date and services: \_\_\_\_\_

**REFERRAL/BILLING INFORMATION**

Referring Agent: \_\_\_\_\_  
 Referring Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Funding Agent: \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Claim Number: \_\_\_\_\_

**ELIGIBILITY**

Primary: \_\_\_\_\_  
 Secondary: \_\_\_\_\_

Limitations: \_\_\_\_\_  
 Medications: \_\_\_\_\_

Academic Information: / Qualifications: *CASAS ~ \_\_\_\_\_ Grade Reading, \_\_\_\_\_ Grade Math*

Accommodations: \_\_\_\_\_

**SERVICES REQUESTED**

*Training Program:* \_\_\_\_\_ *Start Date:* \_\_\_\_\_ *End Date:* \_\_\_\_\_  
*Registration Fee:* \_\_\_\_\_  
*Tuition Costs:* \_\_\_\_\_  
*Textbook/Supplies:* \_\_\_\_\_

TOTAL CONTRACT: \_\_\_\_\_

INFORMATION NECESSARY FOR REFERRAL: **Referring Agent's Signature:** \_\_\_\_\_  
 \_\_\_\_\_ Referral Authorization Form  
 \_\_\_\_\_ Medical / Psychological Information  
 \_\_\_\_\_ Funding Agent Confirmation (if applicable)