

Please print out this form **and CONSENT Form** (fill out send as noted below)

<p align="center">Reaching E-quality Employment Services</p> <p align="center">Referral Form</p>	<p>Today's Date:</p>	<p>Referring CDC Name: (if applicable)</p>
		<p>ICM#:</p>
		<p>CDC Contact phone #:</p>
<p>Candidate's LAST Name (in capitals):</p>	<p>D.O.B. (YY/MM/DD)</p>	<p>Referring CDC Fax #:</p>
		<p>CDC Email:</p>
<p>First (Given) Name:</p>		<p>Disability or Health Condition(s) (if declared)</p>
<p>Middle Name or Initial (if applicable)</p>		
<p>Candidate's contact phone #:</p>	<p>Gender: (circle)</p> <p>Male Female</p> <p>or prefer not to answer</p>	<p>EIA-CCO NAME: (if applicable)</p>
<p>Contact email: (if applicable)</p>		<p>EIA-CCO phone #: (if applicable)</p>
		<p>SAMIN #: (if applicable)</p>
		<p>Consent to release information completed on:</p> <p>Date: _____ Your Initials: _____</p>

Once completed, please forward **both** Referral and Consent forms to:

Scanned and emailed (preferred): **tdahl@re-es.org**

Or Fax to: **204-947-2932**

If you require information, clarifications or updates regarding this file, please contact Program Manager, Tammy Dahl at- email: **tdahl@re-es.org** phone: **204-832-7337 ext 229**