

**TRADE ADJUSTMENT ASSISTANCE (TAA)
WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)
CO-ENROLLMENT/REFERRAL FORM**

CUSTOMER INFORMATION

Name: _____ Social Security number: XXX-XX-
Last First MI

Address: _____
Number Street (Apt. #) City State ZIP Code

Phone Number: _____
(Area Code) Phone Number (Area Code) Phone Number

I consent to the sharing of information between the Employment Development Department (EDD) and Workforce Innovation and Opportunity Act (WIOA) program. I understand that the information shared will be used solely in assisting me with the development of an individual/training plan.

Customer Signature: _____ Date: _____

REFERRAL INFORMATION

Appointment Date: _____ Appointment Time: _____

Report To: _____
Organization Contact Person

Address: _____
(Area Code) Phone Number

Purpose: (Please check 1 or more)

- | | | |
|----------------------------------------|---------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Assessment | <input type="checkbox"/> WIOA registration | <input type="checkbox"/> CalJOBS SM enrollment |
| <input type="checkbox"/> Training | <input type="checkbox"/> Counseling | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Job referral | <input type="checkbox"/> Orientation | <input type="checkbox"/> Supportive services |
| <input type="checkbox"/> Testing | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Co-enrollment | (See Page 2 for more co-enrollment details) | |

Co-enrollment Approved By: _____ Co-enrollment Date: _____

Co-enrollment Approval Signature: _____

Co-enrollment Denied By: _____ Co-enrollment Denial Date: _____

Co-enrollment Denial Reason: _____

TAA INFORMATION (To be completed by EDD only)

Petition Number: _____ ☐ Certified ☐ Pending

Company Name _____

Date Filed _____ Impact Date _____ Date Certified _____ Termination Date _____

REFERRAL OUTCOME (See Page 2 for referral outcome details)

Name of Referrer: _____ Signature of Referrer: _____

☐ EDD Rep ☐ WIOA Rep Date: _____ Phone Number: _____

INSTRUCTIONS FOR COMPLETION OF CO-ENROLLMENT/REFERRAL FORM

The purpose of the referral form is to assist both WIOA and EDD partners in the referral of potentially eligible TAA and WIOA customers for co-enrollment. When the form is submitted for services, the form **must be returned with the outcome noted**. The form can be submitted/returned in person or by fax.

CUSTOMER INFORMATION (Section 1)

Information to be completed by the referring agency or the client. The customer must sign the release of information before any information can be shared between the Local Workforce Development Area (local area) and the EDD.

REFERRAL INFORMATION (Section 2)

To be completed by a local area or the EDD, depending on which agency does the initial referral. An appointment date and time will be completed as scheduled by the referrer. Reporting instructions are to be completed showing the name of the organization (the EDD or local area), the agency contact person, and the address of the agency.

The agency contact person should complete all the appropriate items in the "REFERRAL INFORMATION" section. If the purpose of the referral is not one of those listed, then "Other" should be checked and an explanation of the purpose of the referral inserted. The referrer completes the name of the organization, name and title of staff being referred to, his/her telephone number, and the date of referral.

If the referral is coming from a local area case manager, attach the following documents to the referral form:

- Assessment and/or testing results (Wonderlic, Choices, etc.).
- WIOA application.
- Reason for WIOA/TAA co-enrollment if other than payment of training costs.

TAA INFORMATION (To be completed by the EDD only) (Section 3)

If the EDD is the referring agency, EDD staff will complete this section showing the pertinent information. The status of the petition is obtained from the Trade Readjustment Allowances (TRA) conference board located on EDDNet. The customer information is obtained either from the customer's approval letter from Special Claims Office 850 or from the Unemployment Insurance claim notes.

OUTCOME (Section 4)

The OUTCOME section is to be used to exchange information between local area and the EDD regarding status in WIOA components, enrollment in training, completion of training, job placement, or other activities that are relevant to case management. It is imperative that both the local area and the EDD work closely together to meet the goals of each of their respective programs. Both the local area and the EDD must agree on a client's training program before training is approved and training begins.

The signature and phone number are to be completed by the referring agency representative.