Region 2

WORK FORCE WestVirginia USA

2011 SUMMER YOUTH EMPLOYMENT PROGRAM REFERRAL

Individual's Name: _____ Date of Birth: _____
Print

Age: _____ County: _____Date of Referral: _____

The Department of Health and Human Resources is referring the individual named above to the 2011 Summer Youth Employment Program. By referring this youth, I acknowledge the youth meets the guidelines as a TANIF recipient.

DHHR Case Worker Signature: _____

PARENT/GUARDIAN RELEASE OF INFORMATION/CONSENT

If the youth is under the age of 18, a parent or legal guardian must sign below to consent the youth to participate in the 2011 Summer Youth Employment Program operated by Region 2 Workforce Investment Board. By signing below, the parent/legal guardian also gives permission for DHHR to release confidential information that will be used for the sole purpose of providing services by Region 2 Workforce Investment Board and/or its partners.

_____
Parent/Guardian Name (Print)

_____
Signature of Parent/Guardian

_____
Date