

**WORKFORCE WV-MOV  
ONE-STOP SYSTEM  
STANDARD OPERATING PROCEDURE (SOP)**

**TITLE: Partner Referrals-Supportive Services/Needs Related Payments**

**SOP #: 18OS**

**Original Date of Issue: 11/25/2005**

**Revision #: 2**

**Revision Date: 04/17/2017**

---

---

**PURPOSE OF PROCEDURE:**

**To document the process for making referrals from one Workforce West Virginia partner to another for supportive services/needs related payments.**

**Reference: Partner Referral Form**

---

---

1. Identifying the Need for Referral

It is understood that all Workforce West Virginia partners share a common goal of operating efficient and effective services to create the best opportunity for our customers.

If in the course of providing service to a customer, it is determined that the customer may benefit from supportive services/needs related payments provided by another partner, the referring partner will complete all assessments and/or documentation necessary to substantiate the referral. Examples of supportive service include but are not limited to:

Transportation Assistance and Auto Repairs; Child care and dependent care costs; Housing and utility assistance; Groceries and hygiene items; Assistance with medical and prescription services; Interview Clothing or other work attire; Tools or other work training materials; Job-related adult basic education and English as a second language training; Translation services; Non-commercial driver's license training and assistance with driver's license fees; Assistance with special services and materials for individuals with disabilities; Out-of-state job search and relocation to a new job; Legal aid services meant to reduce barriers to employment and establish employment eligibility such as by helping secure a driver's

license, expunging criminal records, and addressing debts or credit reporting issues.

2. Making the Referral

- A. Using the Partner Referral Form (Appendix #12OS), the referral will be faxed or electronically submitted to the appropriate partner contact, as well as given to the customer to present to the agency.
- B. In completing the referral form, the person/agency making the referral must:
  - Complete the form (with the exception of the “Referral Follow-Up” section)
  - Indicate reason for referral
  - Identify support services/needs related payments needed
  - List all the agencies to which the customer was referred to assure follow through and eliminate duplication
  - Send a copy of all pertinent information (such as proofs and assessment data) along with the completed referral form
  - Provide one copy of referral form for each agency customer is referred to
  - All referrals and attachments containing Personally Identifiable Information (PII) will be sent via encrypted email if being sent electronically

3. Receiving the Referral

- A. Within 48 hours (2 business days) of receiving the referral, the partner agency will acknowledge receipt of the referral electronically to the person/agency making the referral
- B. All partners will strive to contact referred customers within 5 business days of receiving the referrals.

4. Referral Follow Up

- A. Within 10 business days of the initial meeting with the customer, the partner agency will complete the “Referral Follow Up” section of the initial referral form and forward a copy to the person/agency making the referral.
- B. Partner agencies will document services provided as a result of the referral, or other outcomes, as appropriate into the MACC system (if access is available)