

Louisiana Department of Children and Family Services

Louisiana Job Employment Training (LaJET) Program

LaJET – INFORMATION REFERRAL FORM

A. IDENTIFYING INFORMATION

To: _____ (Provider Agency)	Date: _____
_____	Re: _____
(Address)	(Participant's Name)
From: _____	_____
(LaJET Provider Office)	(Case ID)
_____	_____
(Address)	(Participant's Address 1)
_____	_____
(LaJET Facilitator's Name)	(Participant's Address 2)
_____	_____
(LaJET Facilitator's Phone #) (EXT)	(Participant's Phone #)

B. REFERRAL REQUESTS/REPORT TO PROVIDER AGENCY

The above-named individual is being referred for the following service(s) _____

☐ Adult Education ☐ Test ☐ Retest

TABE score _____

☐ English as a Second Language (ESL)

☐ Vocational Education

☐ Other _____

Comments _____

C. REPORT TO LAJET PROVIDER

Please complete the information below regarding services as noted in "Section B" or to report information regarding the participant and return to the LaJET Provider Office.

☐ Service(s) was provided on _____

☐ Work activity began on _____ and is expected to be completed by _____

☐ Service(s)/work activity terminated on _____ due to _____

☐ Other (describe) _____

Provider Agency Signature

Date