



# CENTRAL OKLAHOMA WORKFORCE INNOVATION BOARD

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## AJC Partner or CBO Referral Ticket

<https://cowib.org/apply>

**Congratulations! You have been referred to:**

**Partner Organization Name:**

**Contact Number:**

**Partner Address:**

**Hours of Operation:**

**For the following services:**

Client Information (Please Print)	
First Name:	Last Name:
Birth Date:	
Phone:	
Referral Information:	
AJC Partner and/or Community Based Organization:	
Phone:	Email:
Name of Case Manager/Career Specialist:	

**Release of Information:**

I authorize \_\_\_\_\_ to obtain information from and release information to COWIB as it pertains to my employment and training services. The information released to COWIB may include all relevant employment information that I have authorized \_\_\_\_\_ to collect about me.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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COWIB is an Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities. Services are made available in whole or in part by funds from the U.S. Department of Labor as administered by the Oklahoma Office of Workforce Development.

Note: Please BCC Steve Banker ([OneStopOp@cowib.org](mailto:OneStopOp@cowib.org)) when sending referrals to other agencies for tracking purposes.