



CENTRAL OKLAHOMA WORKFORCE INNOVATION BOARD

A proud partner of the americanjobcenter network

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.

COWIB's WIOA Title I program funding statement can be found at <https://cowib.org/funding/>.

Note: Please BCC COWIB's One Stop Operator (OneStopOp@cowib.org) when sending referrals to other agencies for tracking purposes.