



## Referral Agency Participation Acknowledgement Form

The \_\_\_\_\_, or the "Referral Agency,"  
acknowledges that: (Agency Name)

It has been selected as a Referral Agency by the **City of Los Angeles LA Local Hire Program** (the "Program"), with the Program's confidence in the Referral Agency's ability to refer candidates who are job ready and motivated to take advantage of the Program.

Status as a Referral Agency under the Program is conditional based on continuous review by Program staff. The Referral Agency understands that Program staff will be tracking and monitoring the Program's performance, which includes but is not limited to the Referral Agency's candidates and their job performance, the Referral Agency's overall job readiness assessment process, etc. The Referral Agency acknowledges that Program staff will provide periodic reporting on Program performance to the Targeted Local Hire Working Group, and any other entities and offices as requested.

Each Referral Agency will need to complete a *Referral Form* for each candidate it deems job-ready and ensure the *Referral Form* is received by the appropriate Application Site. The Referral Agency acknowledges that it will recommend candidates only when it has made the assessment that a candidate is prepared to take advantage of the Program and has assisted the candidate in becoming job-ready.

There is no guarantee of a job with the City of Los Angeles for any candidate the Referral Agency may refer. Candidates will be randomly selected to be referred to City departments for job consideration. The Referral Agency further acknowledges that it will also inform candidates that there is no guarantee of a job with the City of Los Angeles under this Program, and that referral to an opportunity will be based on random selection.

### Authorized Signer for Referral Agency:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Name Title Date

### Staff Use Only:

Date	Status	Notes

# REFERRAL AGENCY PARTICIPATION ACKNOWLEDGEMENT FORM

(continued)

## REFERRAL AGENCY – INFORMATION

*This information will be listed on our public Referral Agency roster.*

<b>Agency Name:</b>			
<b>Mailing Address:</b>		<b>Phone Number (for public):</b>	
<b>Website (if any):</b>		<b>Email Address (for public):</b>	

## ELIGIBILITY INFORMATION

*What requirements, if any, must individuals meet before your agency can provide services?*

--

## REFERRAL AGENCY – PROGRAM CONTACT(S)

*Contact(s) at your agency that can be reached by City staff for questions and issues related to this Program.*

<b>Primary Contact Name:</b>	
<b>Title:</b>	
<b>Direct Phone:</b>	
<b>Email Address:</b>	

<b>Secondary Contact Name:</b>	
<b>Title:</b>	
<b>Direct Phone:</b>	
<b>Email Address:</b>	

# REFERRAL AGENCY PARTICIPATION ACKNOWLEDGEMENT FORM

(continued)

**REFERRAL AGENCY – APPROVED SIGNER(S)**

*Please indicate the individual(s) that will be signing the Agency Referral Forms. You may select up to two (2) individuals from your agency.*

<b>Signer 1 – Name:</b>		<b>Signer 1 - Signature</b>
<b>Title:</b>		
<b>Direct Phone:</b>		
<b>Email Address:</b>		

<b>Signer 2 – Name:</b>		<b>Signer 2 - Signature</b>
<b>Title:</b>		
<b>Direct Phone:</b>		
<b>Email Address:</b>		

**SERVICES INVENTORY - CHECKLIST**

*Indicate any resources to be offered to candidates with an “X” in the appropriate box. Please attach any supplemental information that may be helpful. Please note that any resources indicated here will be used as part of the Program’s resource directory.*

***All Referral Agencies should minimally provide at least one type of service or resource as indicated in the “JOB READINESS & ASSESSMENT” category.***

	Indicate how long you will provide services.		
	Pre-Employment (until candidate is hired)	On-going (as long as client needs)	Other time period (specify, indicate if while funding is available, etc.)
<b>JOB READINESS &amp; ASSESSMENT</b>			
Case Management Services for employment search & placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## REFERRAL AGENCY PARTICIPATION ACKNOWLEDGEMENT FORM

**(continued)**

Job Readiness Assessment <i>(by case manager determination through one-on-one interaction)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Readiness Assessment <i>(by test or other standardized method)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid on-the-job opportunities <i>(do you have current programs that would allow clients to obtain employment experience, even if for a finite period of time?)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Employment Training <i>(or "soft skills" training)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resume Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interview Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interview or Office Attire <i>(are you able to provide clients with appropriate attire for interviews and/or the job?)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Skills Training <i>(typing, basic computer skills)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational ESL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career Specific Training & Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational or Pre-Apprenticeship Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waivers or reimbursements for training costs, tuition, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# REFERRAL AGENCY PARTICIPATION ACKNOWLEDGEMENT FORM

(continued)

	Indicate how long you will provide services.		
	Pre- Employment <i>(until candidate is hired)</i>	On- going <i>(as long as client needs)</i>	Other time period <i>(specify, indicate if while funding is available, etc.)</i>
<b>PERSONAL OR SUPPORTIVE SERVICES PROVIDED</b>			
Case Management for some or all supportive services (below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentor or Peer Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic clothing and other hygiene/toiletry items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food assistance (gift cards, stipends, coupons, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Assistance (shelter, transitional housing, assistance with finding permanent housing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation assistance (bus tokens, public transportation subsidies, reimbursements, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health/clinic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling or mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Programs/Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Assistance (advisory services, legal representation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Advisory Services (banking assistance, tax preparation, financial literacy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER SERVICES</b> (please indicated any additional services below)			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# REFERRAL AGENCY PARTICIPATION ACKNOWLEDGEMENT FORM

---

**(continued)**

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>