

Barriers to Employment Referral Form

Referring Agency Name:

Contact Person:

Email Address:

Phone Number:

Client's Name:

Client's Phone Number:

Explanation of the need for assistance:

Item or service being requested:

Where client is working or interviewing:

Does the client know that UWFC will be reaching out to them to request an appointment?

UWFC Contacts:

Volunteer

Program Administrator, United Way of Florence County

843-662-2407

uwfloinfo@uwflorence.org

Cameron Campbell

President, United Way of Florence County

843-662-2407

ccampbell@uwflorence.org