



CLIENT SERVICE REQUEST

Client Name _____ Phone# _____

Address _____ Apt. _____ FL. _____ City _____ Zip _____

Date of Birth _____ # of dependents _____ Referral Source _____ Date _____

Client ID# _____ SS# _____ Monthly Household Income _____

Employer or Training Site _____ Job search _____ Registered at DOL Career Center _____

Supervisor or Instructor _____

Employer or Training Site Address _____

Employer or Training Site Phone# _____ Start Date _____

Weekly Work or Training Schedule

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Start Time:	_____	_____	_____	_____	_____	_____	_____
End Time:	_____	_____	_____	_____	_____	_____	_____

Client Release

I attest to the fact the monthly household income is current and accurate. I release this information for transportation purposes and eligibility verification:

Signature Date: _____

Please submit completed form to:
JobLinks Program
WorkForce Connection
249 Thomaston Avenue
Waterbury, CT 06702

Phone: 203 574-6971 Fax: 203 573-8951

Circle either bus pass or gas card

To be completed by JLC
Transportation Project _____ Bus Pass _____ Childcare reservation _____ Evening reservation _____

Transportation start date _____ Gas Card # _____ Date issued _____

Funding Stream _____ Voucher # _____ Month _____

Revised 1/2/08 GRH# _____ Issued _____