

Customer Unemployment Computer or Phone Access Referral Form



For the safety of all, individuals <u>must</u> wear a face cover to enter the center and must keep it on at all times.

(Failure to comply will result in loss of appointment and individual will be required to leave immediately.)

Computer and phone access will be on a self-service basis.

Workforce staff will be present to monitor computer and phone usage only.

Staff cannot complete online applications for unemployment benefits.

Individuals are allowed to bring **one** individual to the appointment to assist them. (No children, please!)

You will be contacted by phone to schedule your appointment date and time.

Please call 361-578-0341 prior to your appointment if you are not able to attend.

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Please complete and answer all of the following:				
Name:	Date of Birth:			
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Physical Address:				
	Street	City	State	Zip
Home Phone #:		Cell Phone #:		
Do you have a phone? \square Yes \square No If yes, may we send a message by phone? \square Yes \square No				
Do you have limited data on you phone? □ Yes □ No				
Do you have a computer? \square Yes \square No If yes, do you have internet? \square Yes \square No				
Computer knowledge: Do you know how to use a computer? ☐ Yes ☐ Some ☐ None				
Back up contact information:				
If you do not have a phone, please provide the name, phone number and relationship of an				
individual we may contact to leave your appointment date and time.				
Contact Name:		Phone Number:	Phone Number:	
	Relationship:	•		
Signature of individual or person making referral Print Name Date				
To be entered by Workforce Staff:				
Appointment Da	te:	Appointment	Time:	
Workforce Staff Name:				