Washington State Department of Social & Health Services

STATE OF WASHINGTON
BASIC FOOD EMPLOYMENT AND TRAINING (BFE&T) PROGRAM
Work Experience (WEX) Referral

AGREEMENT NUMBER
COMMUNITY SERVICES OFFICE NUMBER

PARTICIPANT'S NAME	SOCIAL SECURITY NUMBER

The participant named above is referred to the designated work experience project established with the WEX agency indicated below:

WEX AGENCY'S NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)

WEX AGENCY'S ADDRESS

PROJECT LOCATION	PROJECT SUPERVISOR'S NAME

This assignment will begin at _____ ☐ a.m. ☐ p.m. on _____
TIME   DATE

Project Description

1. JOB TITLE

2. HOURS PER WEEK	3. TOTAL WEX PROJECT _____ HOURS _____ WEEKS	4. PROJECT END DATE

5. PARTICIPANT'S OCCUPATIONAL GOAL

6. NARRATIVE DESCRIPTION OF THE WORK EXPERIENCE PROJECT

7. WORK EXPERIENCE TRAINING OBJECTIVES

8. DESCRIBE SUPERVISION TO BE PROVIDED

9. WEX AGENCY REPRESENTATIVE'S SIGNATURE	10. BFE&T REPRESENTATIVE'S SIGNATURE
PRINT NAME	PRINT NAME
TITLE DATE	TITLE DATE

DSHS 11-045 (REV. 10/2013)

COPIES TO: CSO File; WEX Agency; Participant

Work Experience (WEX) Referral
Instructions

A. Use

The Work Experience (WEX) Referral is used to refer participants to employers who have agreed to provide work experience and training under the Work Experience Agreement, DSHS 11-046.
The WEX Referral is used to provide a full description of the WEX position including hours of training, type of work, and occupational goal of the participant.

B. Form Completion
Agreement Number: Enter the number of the Work Experience Agreement, DSHS 11-046, under which the referral is being made which is the same number as the Work Experience Agreement with the WEX Agency.
Community Services Office (CSO) Number: Enter the CSO Number.

Referral

- PARTICIPANT'S NAME: Enter the name of the participant being referred to the employer.
- SOCIAL SECURITY NUMBER: Enter the participant's Social Security Number.
- WEX AGENCY'S NAME: Enter the name of the agency or employer providing the work experience.
- WEX AGENCY'S AGENCY ADDRESS: Enter the business address of the agency.
- TELEPHONE NUMBER: Enter the telephone number, including area code, of the agency.
- PROJECT LOCATION: Enter the address at which the participant will receive the training if different than the agency address.
- PROJECT SUPERVISOR'S NAME: Enter the name of the individual who will be responsible for the training position.
- Enter what time and date the assignment will begin.

Project Description

1. JOB TITLE: Enter the title of the job the participant will be performing in the WEX.
2. HOURS PER WEEK: Enter the number of hours per week the individual is scheduled to participate in the position.
3. TOTAL WEX HOURS: Enter the total number of hours and weeks the position will last.
4. PROJECT END DATE: Enter the date the project is scheduled to end.
5. PARTICIPANT'S OCCUPATIONAL GOAL: Enter the occupational goal of the participant.
6. NARRATIVE DESCRIPTION OF THE WORK EXPERIENCE PROJECT: Provide a full description of the type of skills the participant will be trained in during the project. Also describe the experiences the participant will be provided in which to practice existing or new skills.
7. WORK EXPERIENCE TRAINING OBJECTIVES: Describe the objectives of the WEX.
8. DESCRIBE THE SUPERVISION TO BE PROVIDED: Provide a description of the supervision the trainee will receive in the WEX.
9. WEX AGENCY REPRESENTATIVE'S SIGNATURE, ETC.: The individual authorized to represent the agency must sign the form and provide a title, date of signature, and printed name.
10. BFE&T REPRESENTATIVE'S SIGNATURE: The Basic Food Employment and Training (BFE&T) Representative authorized to represent the agency must sign the form and provide title, date of signature, and printed name.

C. Distribution

Original: CSO File
Copy: WEX Agency
Copy: Participant