



Address: 248 East Putnam Avenue
Greenwich, CT 06830
Phone: (203) 622-9208
Fax: (203) 618-0062
Hours: Monday through Saturday
8:30 a.m. – 12:00 p.m.
Thursday Afternoons 3:30-5:30

CLIENT REFERRAL FORM
(PLEASE PRINT AND FILL OUT BOTH FRONT AND BACK PAGE)

Please Note: For all Clients, the Referring Agency should fax the fully completed Referral Form (see fax number above) and instruct Clients to bring this signed original form to their first visit. Clients should check in at the Client reception area.

Please check as appropriate:

Clothing Client: After faxing the Referral Form, Referring Agency is responsible for calling Neighbor to make the clients first clothing appointment.

New Client Start Date _____

End Date _____

Emergency Food Client: (EMERGENCY FOOD PROVIDED ONLY ONCE)

Date for Emergency Food Pick Up: _____

Supplemental Food Client: (FOR GREENWICH RESIDENTS ONLY)

New Client Start Date _____

End Date _____

CLIENT INFORMATION

Name:

Current Address:

Apt. #:

City:

State:

ZIP Code:

Home #:

Work #:

Cell #:

Date of Birth:

Gender: M F (Please circle)

SPOUSE INFORMATION

Name:

Date of Birth:

Gender: M F (Please circle)

Phone:

DEPENDENT CHILDREN (UNDER AGE 21) LIVING IN HOUSE

Name	Gender (Indicate M / F)	Date of Birth D.O.B. (Month/Day/Year)

QUALIFIED ADULT CHILDREN (21-65 years old) LIVING IN HOUSE

Name	Gender (Indicate M / F)	DOB (Month/Day/Year)	Income Qualified (Y / N)

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DEPENDENT SENIORS (OVER 65) LIVING IN HOUSE OTHER THAN SPOUSE

Name	Gender (Indicate M / F)	Relationship

HOUSEHOLD TOTALS

Total # Adults (Client+ Spouse+ Adult Children)	Total # Children	Total # Seniors	Total # Household
_____	_____	_____	_____

REFERRING AGENCY/CHURCH/ORGANIZATION INFORMATION

Agency Name	Referring Person Name	Title
Contact Number	Signature	Date

Please complete for Client:

INCOME GUIDELINES TO QUALIFY (200% OF THE FEDERAL POVERTY GUIDELINE)

Household Size	1	2	3	4	5	6	7	8
Annual Income	\$24,120	\$32,480	\$40,840	\$49,200	\$57,560	\$65,920	\$74,280	\$82,640
At or Below Income Guidelines? <i>(Please circle)</i>	Yes		No					

HOUSEHOLD INFORMATION (CIRCLE ANSWERS)

Single Parent Head of Household?	Yes	No
Disabled?	Yes	No

Ethnicity: (please circle)	White (non Hispanic)	Black (non Hispanic)
	Hispanic	Asia/Pacific Islands

SPECIAL REQUESTS

SIGNATURES

I authorize the verification of the information provided on this form. I agree to follow the policies and procedures of Neighbor to Neighbor.

Signature of Client:

Date:

I have verified all of my client's personal and income information. I agree to update records should any information change during my client's referral period. I also agree to meet with my client prior to extending the referral period.

Referring Person:

Title:

Signature:

Date:

FOR OFFICE USE ONLY

Database Entry Date: