



Referring Agency Policy

I Neighbor to Neighbor Mission Statement

Neighbor to Neighbor improves the lives of residents in need throughout the Greenwich area and strengthens our community by creating access to food, clothing and basic living essentials in an atmosphere of kindness and respect.

II Who May Be a Referring Agency?

Approved referring agencies are those able to accurately and independently verify the information requested on Neighbor to Neighbor's Referral Form, including client address, income and members of the family. They include:

Supplemental Food (for residents of Greenwich):

- Government Social Service Agencies - agencies in a government or local council formed by state mandate that deal with Social Services (eg, Greenwich Department of Human Services, WIC)
- Public Schools in Greenwich, Stamford and Port Chester
- Nonprofit organizations that meet the above criteria. Currently approved nonprofit referring agencies include Pathways, Family Centers, CCI, YWCA,

Clothing and Emergency Food (for residents of Greenwich, Stamford and Port Chester):

- All of the above, plus:
- Churches, synagogues and other established religious organizations

Any person meeting the residency requirements who is willing to sign a self-declaratory form provided by Neighbor to Neighbor is not required to show proof of income and will be provided food by Neighbor to Neighbor.

III Responsibilities of Referring Agencies

In order to refer a client, the Referring Agency must:

1. Know the client being referred. In the case of a religious organization, the client/family should be a member of the parish/congregation.
2. Verify the information requested on the Referral Form, including residency, income* and members of the family.

* Any person meeting the residency requirements who is willing to sign a self-declaratory form provided by Neighbor to Neighbor is not required to show proof of income and will be provided food by Neighbor to Neighbor.

3. Not refer a client if the client may be of danger to Neighbor to Neighbor, its staff, volunteers, other clients or guests.
4. Please fax the Referral Form to Neighbor to Neighbor. Referrals must be updated at least annually.
5. For Clothing clients, please call to schedule the first appointment.

IV Eligible Clients

Each client must be qualified by a Referring Agency as defined above.

- A client may be an Individual, or a Family. An Individual is a referred client living alone. A Family includes spouses, minor children (under age 18), adult children (between 18 - 65) and Senior(s) (over the age of 65) that are living with the referred client in the same household.
- Supplemental (weekly) Food Program clients must currently live in Greenwich.
- Clothing Program clients must currently live in Greenwich, Stamford or Port Chester.
- Emergency Food is available on a one-time, emergency basis to residents of Stamford and Port Chester.
- Client must understand and abide by Neighbor to Neighbor's policies. Neighbor reserves the right to terminate a client for failure to adhere to Neighbor's policies.

V Shopping Guidelines

Clothing Room Policies:

- First come, first serve. No merchandise will be held for any clients.
- All items are donated through the generosity of members of the community; not all items may be available on the day a client shops.
- Clothing items are only for Family members listed on the Referral Form. Clothing items may not be taken for individuals not on the Referral Form.
- Clothing clients must have an appointment and should arrive on time for scheduled appointments. Appointments, which are available every other month, must be made with the Client Coordinator. Clients may reschedule appointments as necessary.
- Due to space constraints, only clients approved to shop may enter the clothing area and only one family member at a time is allowed to shop. Children under the age of 18 may enter the Clothing Room with a client.
- Each client has 30 minutes to shop.

Food Pantry Policies:

- Client must be a Greenwich resident to receive weekly food.
- Emergency Food is given to qualified Greenwich, Port Chester and Stamford residents only once. We will work to help Emergency Food clients from Port Chester and Stamford identify which food pantry serves their town.
- Food is only for Family members listed on the Referral Form. Food may not be taken for individuals not on the Referral Form.
- Clients may not exceed the quantities listed on their shopping "menu."
- Substitutes are available for vegetarians. We can accommodate diabetic diets. Unfortunately we cannot guarantee the availability of kosher or gluten-free items. Please contact our staff to inquire about special dietary requirements.
- If possible, clients should bring their own shopping bags.

VI Referral Agency Agreement

While Neighbor to Neighbor's mission is to serve others, problems sometimes arise. Hence, Neighbor to Neighbor, reserves the right in its sole discretion, to deny admittance to a client or, once admitted, to deny service to a client and, if necessary, to call appropriate authorities and/or escort a client off the premises, if a client damages or disturbs, or is threatening to damage or disturb, Neighbor to Neighbor's premises or their contents or Neighbor to Neighbor's operations or jeopardizes, or is threatening to jeopardize, the safety of Neighbor to Neighbor, its staff, volunteers, clients or guests or appears to be under the influence of alcohol or drugs or is rude, difficult, abusive, displaying or verbalizing obscenity or is not able to follow Neighbor to Neighbor's guidelines and policies. Efforts will be made to contact the Referring Agency in such an event. However, inability to contact the Referring Agency shall not diminish Neighbor to Neighbor's rights. Neighbor to Neighbor reserves the right, in its sole discretion, to terminate the eligibility of any client who has been denied admittance or service or has been escorted from Neighbor to Neighbor's premises.

While Neighbor to Neighbor values our referring partners, we do reserve the right, in our sole discretion, to terminate an agency as a Referring Agency should such agency be found to have not followed our guidelines, policies and forms or should such agency be found to have provided misleading or false information to Neighbor to Neighbor.

By signing below, Referring Agency confirms that it has read, understands and agrees to the terms of this policy and its attachments both taken separately and as a whole.

Name of Referral Agency_____

Name of Referring Person_____ Title_____

Signature _____ Date_____

6/15/18