



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**

<b>Name:</b>		
<b>Current Address:</b>		<b>Apt. #:</b>
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Home #:</b>	<b>Work #:</b>	<b>Cell #:</b>
<b>Date of Birth:</b>	<b>Gender: M F (Please circle)</b>	

**SPOUSE INFORMATION**

<b>Name:</b>		
<b>Date of Birth:</b>	<b>Gender: M F (Please circle)</b>	<b>Phone:</b>

**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	\$24,280	\$32,920	\$41,560	\$50,200	\$58,840	\$67,480	\$76,120	\$84,760
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:**