



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

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

PLEASE NOTE: For all clients, the Referring Agency should send completed client referral forms to **Jane Naveros, Client Coordinator at jnaveros@ntngreenwich.org or fax to 203-618-0062.** Please instruct clients to bring the signed original form to their first visit. Clients should enter through the front door and check in at reception.

Please check as appropriate:

Supplemental Food Program: Supplemental food is provided weekly for Greenwich residents only.

**Supplemental Food Clients are also entitled to a monthly visit to the Clothing & Essentials Room.*

New Client Start Date: _____

Prior Client Renewal Date: _____

Emergency Food Program: Emergency food is provided only one-time at the request of the Referring Agency.

Date for Emergency Food Pick Up: _____

CLIENT INFORMATION

Name:		
Current Address:	Apt. #:	
City:	State:	ZIP Code:
Home #:	Work #:	Cell #:
Date of Birth:	Gender:	Email:
Preferred Language:		

SPOUSE INFORMATION

Name:		
Date of Birth:	Gender:	Phone:

DEPENDENT CHILDREN (UNDER AGE 18) LIVING IN HOUSE

Name	Gender	Date of Birth (Month/Day/Year)	Relationship

QUALIFIED ADULT CHILDREN (AGE 18 – 59) LIVING IN HOUSE

Name	Gender	Date of Birth (Month/Day/Year)	Relationship

**CLIENT REFERRAL FORM
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DEPENDENT SENIORS (AGE 60 AND UP) LIVING IN HOUSE OTHER THAN SPOUSE

Name	Gender	Date of Birth (Month/Day/Year)	Relationship

HOUSEHOLD TOTALS

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

REFERRING AGENCY INFORMATION

Agency Name	Referring Contact Name	Title
Contact Number	Signature	Date

Please complete for client:

INCOME GUIDELINES TO QUALIFY (300% OF THE FEDERAL POVERTY GUIDELINE)

Household Size	1	2	3	4	5	6	7	8
Annual Income	\$40,770	\$54,930	\$69,090	\$83,250	\$97,410	\$111,570	\$125,730	\$139,890

At or below income guidelines? Yes No

HOUSEHOLD INFORMATION

Single Parent Head of Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone in household disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race/Ethnicity:	<input type="checkbox"/> White (non Hispanic) <input type="checkbox"/> Black (non Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other _____

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 Agency Contact:

Title:

Signature:

Date:

FOR OFFICE USE ONLY

Database Entry Date: