Neighbor to Neighbor


**Address:** 248 East Putnam Avenue, Greenwich, CT 06830
**Phone:** (203) 622-9208
**Fax:** (203) 618-0062
**Email:** jnaveros@ntngreenwich.org
**Hours:** Monday through Friday: 8:00 a.m. – 1:00 p.m.
Saturday: 8:30 a.m. – 12:30 p.m.


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

**Please Note: For all Clients, the Referring Agency should fax or email the fully completed Referral Form to the appropriate contact 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:**

☐ **Emergency Food Client (EMERGENCY FOOD PROVIDED ONLY ONCE FOR CLIENTS WHO LIVE OUTSIDE THE GREENWICH AREA)**

**Date for Emergency Food Pick Up:**_____

☐ **Supplemental Food and Essential 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) | **Email:** |

### SPOUSE INFORMATION

| | | |
|---|---|---|
| **Name:** | | |
| **Date of Birth:** | **Gender: M F** (Please circle) | **Phone:** |

### DEPENDENT CHILDREN (UNDER AGE 18) LIVING IN HOUSE

| Name | Gender (Indicate M / F) | Date of Birth (Month/Day/Year) |
|---|---|---|
| | | |
| | | |
| | | |

### QUALIFIED ADULT CHILDREN (19-64 years old) LIVING IN HOUSE

| Name | Gender (Indicate M / F) | Date of Birth (Month/Day/Year) |
|---|---|---|
| | | |
| | | |

**NEXT PAGE →**

| DEPENDENT SENIORS (OVER 65) LIVING IN HOUSE OTHER THAN SPOUSE | | | |
|---|---|---|---|
| **Name** | **Gender (Indicate M / F)** | **Relationship** | **DOB (Month/Day/Year)** |
| | | | |
| | | | |

| 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 (300% OF THE FEDERAL POVERTY GUIDELINE) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Household Size** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **Annual Income** | **$46,950** | **$63,450** | **$79,950** | **$96,450** | **$112,950** | **$129,450** | **$145,950** | **$162,450** |

| | | |
|---|---|---|
| **At or Below Income Guidelines?** (Please circle) | **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** **Native American** |

| SPECIAL REQUESTS |
|---|
| |

## SIGNATURES

Iauthorize 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:** |