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.
Wednesday & Thursday: 3:30 p.m. – 6:30 p.m.
Saturday: 8:30 a.m. – 12:30 p.m.

CLIENT REFERRAL FORM (PLEASE PRINT AND FILL OUT ALL PAGES)

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 (18-59 years old) LIVING IN HOUSE		
Name	**Gender (Indicate M / F)**	**Date of Birth (Month/Day/Year)**

NEXT PAGE →

DEPENDENT SENIORS (OVER 60) 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	
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:**