



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.

NEW CLIENT REFERRAL FORM

ALL New Clients: Please fill out the information on front side of this form.

New Clothing Clients: The referring agent should call Neighbor (203-622-9208) to make the client's first clothing appointment. Clients must bring this signed form to their first appointment.

New Food Clients: Please complete the additional information in the food section on the back of this form.

CLIENT INFORMATION

Name:

Current Address:

Apt. #:

City:

State:

ZIP Code:

Home #:

Work #:

Cell #:

Date of Birth:

Gender: M F *(Please circle)*

SPOUSE INFORMATION

Name:

Date of Birth:

Gender: M F *(Please circle)*

Phone:

DEPENDENT CHILDREN INFORMATION (UNDER AGE 21, LIVING IN YOUR HOUSE)

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

DEPENDENT ADULT INFORMATION (OVER 65, LIVING IN YOUR HOUSE)

Name	Gender (Indicate M or F)	Relationship

HOUSEHOLD TOTALS

Total Number of Adults:

Total Number of Children:

Total Number in Household:

REFERRING AGENCY/CHURCH/ORGANIZATION INFORMATION

Agency Name	Referring Person Name	Title
Contact Number	Signature	Date

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:

**SUPPLEMENTAL AND EMERGENCY FOOD
(PLEASE FILL OUT PAGE ONE FIRST)**

Emergency Food Clients: Please fill in all information except the income guidelines requirement and the supplemental food section. Clients should bring in this form and check-in at the clothing room reception area.

Supplemental Food Clients: Please fill in all information on this page except for emergency food pick-up date. Fax form to (203) 618-0062. Please have client bring in the hard copy of the form on their first visit. Clients should check-in at the clothing room reception area.

CLIENT INFORMATION

Family Name:

EMERGENCY FOOD (PROVIDED UP TO 4 TIMES A YEAR)

Date for Emergency Food Pick-Up:

INCOME GUIDELINES TO QUALIFY (200% OF THE FEDERAL POVERTY GUIDELINE)

Household Size	1	2	3	4	5	6	7	8
Annual Income	\$21,103	\$28,482	\$35,861	\$43,240	\$50,619	\$57,938	\$65,377	\$72,756

At or Below Income Guidelines? *(Please circle)* Yes No

SUPPLEMENTAL FOOD (FOR GREENWICH RESIDENTS ONLY)

Start Date:

End Date:

HOUSEHOLD INFORMATION (CIRCLE ANSWERS)

Single Parent Head of Household? Yes No

Disabled? Yes No

Ethnicity

	White (non Hispanic)	Black (non Hispanic)
	Hispanic	
	Asia/Pacific Islands	Native American

SPECIAL REQUESTS

SIGNATURES

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: