

# CLOTHE-A-CHILD PROGRAM

## Referral Form



Name of Referring Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Guardian Information: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Is Parent Employed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

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Has the child participated in this program before? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, when? \_\_\_\_\_

Will you be the volunteer shopper? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please add any additional comments/information: \_\_\_\_\_

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*Bringing Wellness Home — #B4Stage4*

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