



AGENCY REFERRAL FORM

Services are provided at Family Wash Day, 911 West Linden Street, Allentown, PA, on Tuesdays from 4:30 PM to 6:30 PM. Check-in is **no later than 5:30 PM**. Questions may be sent to info@loadsofblessings.org

REFERRALS REQUIRED: Please complete this form electronically and email it to info@loadsofblessings.org

REFERRAL DETAILS

Date: _____

Point of Contact: _____ Title: _____

Agency: _____

Telephone: _____ Email: _____

Signature of Referrer: _____

CLIENT DETAILS

Client Name: _____ Telephone #: _____

Email Address: _____ Gender: _____

Date of Birth: _____ Race/Ethnicity: _____

Number of Adults in Household: _____ Number of Children in Household: _____ Monthly Household income: _____

Current Address Including Zip Code: _____

Type of Accommodation: ☐ Street ☐ Tent ☐ Shelter ☐ Couch Surfing ☐ Single Room ☐ Hotel
☐ Apartment ☐ House ☐ Other _____

Does the client or anyone else in the household have a disabling condition? ☐ Yes ☐ No

Does the client or anyone else in the household have a mental health diagnosis? ☐ Yes ☐ No

Does the client or anyone else in the household have a substance use disorder? ☐ Yes ☐ No

Has anyone in the household served in the military? ☐ Yes ☐ No

Is anyone in the household currently fleeing from domestic or intimate partner violence? ☐ Yes ☐ No

Does the household have medical insurance? ☐ Yes ☐ No

Insurance Provider if Applicable _____

CLIENT CONSENT ☐ Client gave permission for their information to be shared with Loads of Blessings