



## 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 for clients is no later than 5:30 PM. Contact us with ANY additional questions or concerns at info@loadsofblessings.org

**REFERRALS REQUIRED: Please download, complete this fillable PDF electronically, and email to info@loadsofblessings.org.**

### REFERRAL DETAILS

Date: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature of Referrer: \_\_\_\_\_

### CLIENT DETAILS

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Total # adults in household: \_\_\_\_\_ Total # children in household: \_\_\_\_\_

Current Address (or other living accommodations): \_\_\_\_\_

\_\_\_\_\_ Monthly Household Income: \_\_\_\_\_

Does Head of Household have a disabling condition?  Yes  No

Does anyone in the household have a disabling condition?  Yes  No

Does Head of Household have a mental health diagnosis?  Yes  No

Does anyone in the household have a mental health diagnosis?  Yes  No

Does Head of Household have a substance use disorder?  Yes  No

Has anyone served in the US Military?  Yes  No

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

Does the household have insurance?  Yes  No

Insurance Provider (if applicable) \_\_\_\_\_

Client Consent

Client gave permission for my information to be shared with Loads of Blessings

