Universal Inter-Agency Referral Form PLEASE PRINT – IF I CANNOT READ IT I CANNOT HELP!!! Date: Referring Person: _____ Referring Agency Name: _____ Phone #: _____ Email: _____ This is to introduce SS# - -Who lives at _____ State Citv Zip Code ______ Alternative Contact # _____ Client Phone #: ____ This Family has _____ family members, consisting of ____ adult(s) and ____ child(ren). This client is being referred to your agency for the following emergency assistance area(s) ☐ Furniture ☐ Food □ Hygiene □ Medical (Clients Weight _____ Height _____ ") □ Other _____ List Specific Items Required by Client (Attach list if necessary) ______ Assistance is being requested because _____ Client must have proper vehicle to pick up. Furniture and large medical items require a truck, cargo van (van without passenger seats), U-hall or trailer. Any other vehicles will not be permitted to pick-up. Please check one of the following: ☐ The referring agency has <u>already</u> helped the client in the following way ______ ☐ The referring agency was unable to assist the client because______ This form must be filled out in its entirety to prevent request from being sent back. **Check All That Applies** ☐ Food Stamp Recipient ■ Medical Assistance ■ Welfare Recipient ■ EUSP Assistance □ Unemployment □ Income less than what is listed above ☐ Energy Assistance ☐ Single Adult Female ☐ Single Adult Male □Homeless ☐ Family ☐ Single Mother Household ☐ Single Father Household TOTAL NUMBER SEVRED IN HOUSEHOLD PER CATEGORY ____ Children (<18) _____ 18 – 64 Years Old _____ 65 Years (+) ____ Male ____ Female The following information is voluntary, your name and contact information are kept confidential. Your answers allow us to compile data and helps us in obtaining funding to continue our mission. CATEGORY OF RACE/ETHNICITY TOTAL NUMBER SERVED IN HOUSEHOLD PER CATEGORY ____ American Indian/Alaska Native _____ Pacific Islander ____ Asian ____ Hispanic ____ Prefer Not to Answer Asian _____ Multi-Race or Mixed Race Caucasian ____ Black/African American _____ Ethnicity Unknown

Anne Arundel County Food & Resource Bank, Inc.

SUBMIT COMPLETED REFERRAL FORM TO: 410-923-4256 (FAX) OR REQUEST@AAFOODBANK.ORG
ANY QUESTIONS CONTACT susan@aafoodbank.org

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