

~ GIFTS OF LOVE ~

Old Avon Village, 35 East Main Street, Avon, CT 06001

Mailing Address: P. O. Box 463, Avon, CT 06001

Phone: 860-676-2323 ~ Fax: 860-676-9864

Client Referral Form

The mission of *Gifts of Love* is to help meet the basic needs of individuals and families experiencing a temporary financial crisis. We provide food, clothing, household items, baby goods and furniture, at no charge, to our clients.

Regular clients who qualify to receive monthly assistance from *Gifts of Love* demonstrate their commitment to maintaining their independence through working full- or part-time or actively seeking work after an emergency or transitional situation (such as a divorce or loss of job). If your client is receiving regular financial assistance from Social Security Disability or AFDC and they are facing an emergency or transitional situation, they may only qualify for a one-time emergency visit. *Gifts of Love* services are provided in our offices in Avon, during regular office hours. PLEASE REMIND YOUR CLIENT'S IF DUE TO IMPLEMENT WEATHER, AVON SCHOOL'S ARE CLOSED THEN WE ARE CLOSED.

PROSPECTIVE RECIPIENT INFORMATION

(Please Print)

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

_____ Alternate Phone: _____

➤ Composition of Household (Please include number of adults, children and ages of children):

➤ Reason for Requesting Assistance (Circle all that apply):

Fire Health Loss of Job Change in Marital Status Low Income Other

Please explain:

➤ Type of support requested:

____ One-time visit for food and/or clothing

____ Household items or furniture (please list) _____

____ Monthly support for food and/or clothing

____ Other Needs (please specify) _____

Prospective Recipient Information (continued)

If you are requesting monthly support, please provide the following additional information. (Proof of current of recent employment is required for continuing assistance):

- Please list employer, type of work, and average hours per week for all adults in household or if Client is in School please explain program:

- If unemployed, list most recent employer and date of termination.

- Estimated Annual Household Income (circle one):
Under \$10,000 \$10,000-\$20,000 \$20,000-\$30,000 \$30,000-\$40,000 Over \$40,000
 - Please identify other sources of income, including Disability, Social Security, AFDC, Welfare programs, etc.:

 - Please list other agencies this referral is accessing for support services:

 - What is your relationship with the prospective client? How long and how intensely have you been working with them?

 - Do you have a development plan for this referral?

 - *Gifts of Love* provides temporary support for clients facing emergency of transitional situations. Please estimate how long this client may need assistance:

Referring Agency or Organization Information

Your Name: _____ Date: _____

Your Agency or Organization: _____

Address: _____

Street, City, State, Zip

Phone Number: _(_____)_____