

Samaritan Fellowship Referral Form

Revised February 2022

Date	
Referring Agency	
Referring Agent	
Name of Client	
Address	
Family's Monthly Income and Sources	

Number of adults in household including client		Number of children under the age of 19 in household	
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Family's Current Special Needs	
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→ Why emergency funding is needed from SF now. ✓ all that apply.

<input type="checkbox"/>	Illness	<input type="checkbox"/>	Disabled	<input type="checkbox"/>	Sudden Loss of Income
<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>	Eviction	<input type="checkbox"/>	Homelessness
<input type="checkbox"/>	Special Needs	<input type="checkbox"/>	Current Finances	<input type="checkbox"/>	Poor Budgeting
<input type="checkbox"/>	Just released from prison	<input type="checkbox"/>	Natural Disaster	<input type="checkbox"/>	

→ Other sources of help **investigated** by this client **PRIOR** to applying to Samaritan Fellowship for the **current special need**. ✓ all that apply.

<input type="checkbox"/>	CARES	<input type="checkbox"/>	Govt Funding	<input type="checkbox"/>	LiHeap
<input type="checkbox"/>	Food Bank	<input type="checkbox"/>	Salvation Army	<input type="checkbox"/>	Churches
<input type="checkbox"/>	Relatives	<input type="checkbox"/>	Friends	<input type="checkbox"/>	Loans
<input type="checkbox"/>	TBLD Foundation	<input type="checkbox"/>	Utility Companies	<input type="checkbox"/>	Landlord

Please use the back of this form for any additional information.