

City Mission Society
AGENCY REFERRAL FORM

Please provide all of the following information on your letterhead. If you intend to FAX the information, please type. Please note: IN ORDER FOR THE FUNDING TO BE ALLOCATED, THE INFORMATION MUST BE COMPLETE AND DETAILED. We are only able to provide limited funding toward averting a crisis. There must be evidence that the recipient will be able to provide some resources to maintain stability in the future.

Section I

1. Date of Referral
2. Name of Client
3. Social Security Number
4. Date of Birth/Age
5. Address, City, Zip Code
6. Telephone Number (s) Home, Work, Cell

Section II

1. Cost of Housing (client's portion of rent, if subsidized)
2. Public, Section 8, Voucher or Market Value?
3. Number of Persons in Household:
4. Names, Age/DOB, Relationship

Section III

1. Income Sources (e.g. SSI, Employment (including Employer), TAFDC, Social Security, etc.)
2. Amount of Income (Net)
3. Pay periods? (Weekly, Bi-weekly, Monthly, etc.)
4. Food Stamps? (Indicate amount) WIC? Y/N
5. Other Financial Information (Family Support, Child Support, current litigation, etc.)
6. Other General Supports and Services (Agencies, Clinics, Family)

Section IV

1. **Case summary, including presenting problem, barriers.**
2. Amount needed to resolve current problem
3. Other resources or agencies contacted
4. Additional funding committed.
5. **Specific Amount** requested from City Mission Society

Section V

To whom should check be made out? ** Name, Address, Phone Number (THE CHECK WILL BE SENT DIRECTLY TO THE PAYEE—NOT TO THE CLIENT). **NOTE: If this request is for a Utility, please include current bill. For rent or other needs, include a request on the letterhead of the payee, a lease, landlord verification or other documentation indicating the recipient of the funds. (For BHA please include Account Number).

We will contact you if we have additional questions.

Section VI

Referred by: (Name & Agency)
Your Email
Telephone Number & Extension
Fax Number

Mail or FAX Information to:

Alison Coleman-Hardy, LICSW
Director, Emergency Needs Network
City Mission Society
14 Beacon Street, Suite 203
Boston, MA 02108

TEL: 617-742-6830, X205
FAX: 617-742-8470

email: acolemanhardy@cmsboston.org