



CLIENT REFERRAL FORM

Directors: Sally Heller and Naomi Steinberg

CLIENT INFORMATION

Name _____

Address _____

Phone _____

Date of birth _____

Signature _____

CLIENT'S AVAILABILITY

Days and times _____

Appointment _____

CLIENT'S JOB STATUS

Name of school
or training program _____

Date of scheduled job interview _____

CLIENT'S CURRENT CLOTHING NEEDS

Dress/suit size _____

Sweater size _____

Blouse size _____

Slacks size _____

Skirt size _____

REFERRING AGENCY INFORMATION

Agency name _____

Phone number _____

Staff member name _____

Staff member signature _____

Date _____

For Clothesworks! use only	Date of first appointment _____
Items released (manufacturer, style, size, color)	

For Clothesworks! use only	Date of second appointment _____
Items released (manufacturer, style, size, color)	

Fax completed form to 845-359-9462 (call first) or 845-362-1903

Clothesworks! Boutique is located in the Catholic Community Services of Rockland building
78 Hudson Avenue, Haverstraw, N.Y. 10927 | 845-942-5791