



Public Charge Client Referral Sheet

.....
Date of Referral: _____ Name of referring staff member: _____

Organization: _____ Email address/Telephone number: _____

Please provide as much information as possible.

CLIENT INFORMATION:

CLIENT'S NAME: _____ DOB: _____

ADDRESS: _____ (OK TO SEND MAIL? Y/N)

CITY: _____ STATE: _____ ZIP: _____

HOME PH: _____ - _____ - _____ (OK TO CALL HOME? Y/N) (OK TO LEAVE MSG? Y/N)

ALT. PH: _____ - _____ - _____ (OK TO LEAVE MSG? Y/N) EMAIL: _____

PREFERRED LANGUAGE: _____ INTERPRETER REQUIRED: Y / N

SEX: M / F RACE/ETHNICITY: _____ COUNTRY OF BIRTH: _____

NO. OF PEOPLE IN HOUSEHOLD: Total: _____ Under Age 18: _____ Ages 18-59: _____ Age 60+: _____

FOOD STAMPS: Does client receive? Y / N CASH ASSISTANCE: Does client receive? Y / N

REASON FOR REFERRAL: _____

Public Charge Direct Referrals: Please fax completed form as follows:

If client resides in **Berkshire or Hampshire County:** (f) **413-746-3221; attention Jannette**

If client resides in **Franklin, Hampden or Worcester County:** (f) **508-755-4240; attention Jose Gabriel**

Questions? Call Marion at (413) 686-9015