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| **PART 1: REFERRAL AGENCY INFORMATION** | Date of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Agency Name: |  |
| Agency Address: |  |
| Agency Contact Person Name:  |  | Agency Phone: |  |
| Agency Contact Person Email: |  |
| **PART 2: CLIENT INFORMATION** |
| Client Name: |  |  Is client under 18 years of age? | ❑ Yes❑ No |
| Client Address |  |
| Client Phone: |  |
| Client Email: |  |
| **PART 3: EMPLOYMENT INFORMATION** |
| Type of Suiting  |
| ❑ Job Search/Interview Suiting (Client is looking for employment or has a scheduled interview) Interview Date (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Employment Suiting (Client has been hired for a job) Employment Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Training Program Suiting (Client has enrolled in a training program) Training Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FOR INTERNAL USE ONLY**

Appointment Scheduled for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attempts to Contact:

Date 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Unable to reach after 3 attempts (wrong number, did not return messages, etc.)

❑ Did not report for scheduled appt.

❑ Agency contacted:

❑ Date Letter Sent:

Date entered into client database: \_\_\_\_\_\_\_\_\_\_\_\_\_\_DFS data entry initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes:

Dear Community Partners,

Thank you for entrusting us with your valued clients. Here are some helpful guidelines to keep in mind when referring a client to Dress for Success Pittsburgh:

* We see clients by appointment only. **We are unable to accommodate walk-in clients.**

* In order to receive services, **clients should be job searching or have an upcoming interview, be enrolled in a training program, or be employed**. If this does not describe your client, please contact us by phone so that we can discuss the ways that we can help.
* Please **complete the Client Referral Form** in full. All information requested is required for our records and will remain confidential.
* Please **fax the completed Client Referral Form** to the appropriate branch location.
* Upon receipt of the Client Referral Form, **we will call the client directly** to schedule their appointment.
* Clients are asked to **arrive on time** for their scheduled appointment. Clients who are more than 10 minutes late will need to be rescheduled for a later date.
* Clients must bring **photo ID** and **ACCESS card** (if they have one) to their appointment. To obtain PA WORKWEAR purchased items such as scrubs, non-slip shoes, and khaki pants, client must have an *active ACCESS card* through the PA Department of Public Welfare. An **ACCESS card is NOT required** to obtain alternatively donated/purchased items such as suits, shoes, and medical scrubs.

If you have any other questions, please do not hesitate to contact us. Please feel free to share this form with any other nonprofit agency that may wish to refer women to us for suiting services.

We look forward to working with your clients!

Sincerely,

Dress for Success Pittsburgh