



EMAIL to: referral@wffriend.org

CONFIDENTIAL ADVOCACY INTAKE FORM

Client Information

Date: _____

Client Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

New Required Field: County: _____

Employer: _____

If unemployed, last date of employment: _____

Please check all that apply: (This information is for statistical purposes only and is not used when considering a referral)

- Male African American Hispanic Asian
 - Female Caucasian Native American Other _____
- Marital Status _____

Describe reason for services request:

**What steps, as a Referral Agent, have you taken to resolve the issue?
(required information - we are unable to consider a request if this field is left blank)**

Amount Requested: \$ _____

Requested by: _____

Union/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature of Counselor/Referring Party: _____

Please attach copy of all supporting documents (i.e. shut off notices, evictions, etc.)