



SHARIA'S CLOSET

EMERGENCY CLOTHING REFERRAL FORM



Address: 7210 Lisbon St, San Diego, CA 92114 **E-mail:** shariasclosetcsv@gmail.com **Phone:** 619- 808- 4979 **Fax#**619-550-0688

All EMERGENCY clothing requests are provided by **referrals/appointments only**. This referral form must be completed in full and signed by the parent or guardian. Shortly after receipt of the request, Sharia's Closet volunteers will pack one (1) personalized bag of clothing per completed referral form. Please submit one (1) referral form per person. Sharia's Closet will contact the referring organization or parent to schedule an appointment time for pick-up. All services are free & confidential. All requests are subject to clothing size and availability.

Referring Agency/ Individual:

Date of Referral: ____/____/____

Referring Organization: _____
Name of Agency /Organization

Name of Program/ Location: _____ **Address:** _____
Street City State Zip

Referral by Name: _____ **Email** _____

Referral by Phone: _____ Ext. _____ Cell: _____

*** Please check all boxes that applies:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> At risk youth | <input type="checkbox"/> Child Protective Services | <input type="checkbox"/> Disabled | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Foster Child | <input type="checkbox"/> Homeless | <input type="checkbox"/> Incarceration/ Re -entry | <input type="checkbox"/> Interview |
| <input type="checkbox"/> Juvenile Justice System | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Military | <input type="checkbox"/> Refugee |
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Teen Mom | <input type="checkbox"/> Transitional living |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Undocumented | <input type="checkbox"/> Veteran | <input type="checkbox"/> Disaster/Crisis |
| <input type="checkbox"/> Other (Please Specify) _____ | | | |

**** **Reason for Referral:** Please provide a brief explanation describing the need for emergency clothing****

****Please submit one (1) referral form per person. ****

Client Information: This referral is for a: Newborn Child Youth Adult **Gender:** Female Male **Age:** _____

Name: _____
First Name Last Name

If available, please indicate your **clothing style preference** (check all that applies) **Child:** Play School Church Dressy
Please be **specific** with your **clothing size**, indicate the size number when possible. **Adult:** Casual Professional Church Dressy

<u>Clothes Size</u>	<u>Shoe Size:</u>	<u>Shoe Type</u>
Child Size: Dress _____ Shirt _____ Jacket _____ Pants _____ Shoe _____		<input type="checkbox"/> Toddler <input type="checkbox"/> Kids <input type="checkbox"/> Adults
Youth Size: Dress _____ Shirt _____ Jacket _____ Pants _____ Shoe _____		<input type="checkbox"/> Kids <input type="checkbox"/> Adults
Adult Size: Dress _____ Shirt _____ Jacket _____ Pants _____ Waist _____ Length _____ Shoe _____		<input type="checkbox"/> Kids <input type="checkbox"/> Adults
		Women/ preference: <input type="checkbox"/> Heels <input type="checkbox"/> Flats

If available, special request: _____

Parent /Guardian: _____
First Name Last Name

Address: _____ **Phone:** _____
Street City State Zip cell

Liability Waiver and Assumption of Risk: I understand that all clothing items received from Sharia's Closet are gently used and provided at no cost. I agree to accept and wash all clothing before it is worn. I understand that by signing this form, I am releasing Sharia's Closet from any and all liability that may arise from the use of the clothing provided. I _____
Signature Date

Referral Outcome this section must be completed by a Sharia's Closet representative

Service Completed: Date of completion: _____ **Prepared by:** _____

Pick-up date: _____ **Picked up-by:** _____ **Given by:** _____

Further follow - up needed: Yes No If **Yes**, follow - up date: _____

Other referrals provided: Yes No If **Yes**, where: _____