

Date: _

Emergency Clothing Request

Client Intake Form

Sharia's Closet

6244 El Cajon Blvd #5 | San Diego | CA 92115 Email: <u>shariasclosetcsv@gmail.com</u>

Phone: (619) 808-4979 | Fax: (619) 550-0688

	Referring Agency	Individual	O Walk in
eferring Agency:		*D N	ne:
	:		
eferring Staff Name:		*Work Phone:	
		*Cell Phone: _	
w did you hear about us?			
		Circumstance	
ase check ALL that applies. Info	rmation collected is for statistical	and funding purposes an	nd will remain confidential.
Active Duty Military	o Current Foster C	Care	 Mental Health Program
at Risk Youth	o Newly Emancip	ated Youth (18+)	 Senior Citizen/Elderly
Child Protective Services	Incarceration/R	e-entry	 Substance Abuse Programs
isabled	 Juvenile Justice 	System/Youth in Transition	n o Transitional Living
pecial Needs	 Homeless/Shelte 	er/Temporary Housing	 Unemployment
isaster or Crisis	Kinship/Grandp	arents as Parents	Veteran
Oomestic Violence	 Single Parent 		o OTHER
rafficking Victim	o Teen Parent		Please specify:
	Client	Information	
ntified Gender: o Female/Ethnicity: o African-Ame	e o Male * Zip Code erican/Black o Asian o Cauco	asian/White o Hispanic) o Youth (6-17 years) o Adult (18+) :/Latino oOther o Decline to Answ
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*All completed clothing packages must be picked up by the referring organization or the client within 3-days after notification from Sharia's Closet.

INTERNAL USE ONLY

Date of completion:

Otherwise all clothing items will be restocked or redistributed to other clients. Thank you ©

Service Completed: YES O NO O Prepared by: