



**A WIDER CIRCLE**  
Health, Hope & Human Connection

---

## **Neighbor-to-Neighbor Referral Form**

**Client's Name:**

**Name of referring case worker/social worker:**

**Name of referring agency:**

**Caseworker/Social worker phone:**

**Client phone:**

**Client mailing address:**

**Number of people in household: \_\_\_\_\_ (adults) \_\_\_\_\_ (children)**

**Furniture requested (please provide number of items for each):**

**Has the client received furniture from A Wider Circle before?**

**Is the furniture requested replacing furniture that the family or individual currently has? If so, please explain.**

**Is the family or individual receiving any financial assistance (e.g., Foodstamps, TANF, TCA, SSI) If so, how much a month?**

**Is the family or individual receiving any assistance with rent or housing? If so, what kind? (e.g. Section 8 voucher, HOC voucher, DC Public Housing, etc.)**

**Are any of the adults in the family currently employed? If so, what is their income?**

**Will the family/individual be providing their own transportation at the time of their appointment or will it be provided via your agency?**