



Food Security Client Referral Sheet

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Date of Referral: _____ Referring provider: _____
Organization: _____ Email address/Telephone number: _____

Please provide as much information as possible.

CLIENT INFORMATION:

CLIENT'S NAME: _____ DOB: _____

ADDRESS: _____ (OK TO SEND MAIL? Y/N)

CITY: _____ STATE: _____ ZIP: _____

HOME PH: _____ - _____ - _____ (OK TO CALL HOME? Y/N) (OK TO LEAVE MSG? Y/N)

ALT. PH: _____ - _____ - _____ (OK TO LEAVE MSG? Y/N) EMAIL: _____

PREFERRED LANGUAGE: _____ INTERPRETER REQUIRED: Y / N

NUMBER OF PEOPLE IN HOUSEHOLD: Total: _____ Under 18 _____ 18-59 _____ Over 60 _____

Household Financial Information: Please list income source and amount of income for ALL MEMBERS of the household (including children). Include income received from wages, child support, or public benefits.

INCOME SOURCE _____ MONTHLY/WEEKLY INCOME \$ _____
INCOME SOURCE _____ MONTHLY/WEEKLY INCOME \$ _____

IMPORTANT NOTES: _____

UPCOMING HEARING DATES OR DEADLINES: (if you face SNAP termination, please file an appeal within 10 days)

Food Stamp/SNAP Cases: Appeals of food stamp denials, terminations, and reductions; overpayments

SNAP Direct Referrals: Please send completed form to Central West Justice Center by Fax ONLY at 508-755-4240.

Questions? Contact Gina Plata-Nino at (508)-425-2828 or gplatanino@cwjustice.org

All Other Referrals (Non-SNAP):

All other cases will be processed through the regular intake process at Community Legal Aid. Clients can do legal intakes with Community Legal Aid (1) online at www.communitylegal.org; (2) in person at 405 Main Street, 4th Floor, Worcester, MA 01608; or (3) over the phone at (855) 252-5342 M/T/TH/R: from 9:30am–12:15pm, or W: 1:30pm–4:15pm.

Other Community Legal Aid/Central West Justice Center Cases:

- Education
- Housing
- Family
- Employment
- Elder
- Immigration
- Other (Non-SNAP) Benefits