

CATHOLIC SOCIAL SERVICES of FALL RIVER, INC.

HOUSING PROGRAM

Referral Form

Date of Referral: _____

Client Name: _____

Name of Shelter/ Agency Referring Client:

Phone # client may be reached at: _____

Best time to reach client: _____

Brief summary of current situation and events leading to this:

Advocate/ Counselor making Referral: _____

* Kindly, include cover letter (if applicable).