## CLAY COUNTY CLOTHES CLOSET "Serving Clay County Since 1959"

P.O. Box 46625

Kansas City, MO 64188 816.454.3960

ccclothescloset@gmail.com www.claycountyclothescloset.org



## REFERRAL FORM -- COMPLETION BY REFERRING AGENCY ONLY

All referrals must be completed in full. Please submit completed form to: ccclothescloset@gmail.com

Mercirui Ducc.		Client Name:					
Client Address:							
	(Street)					tment /Ot	her)
	(City)		(Z	Cip Code)	(C	County)	
Client's Phone:							
Client's Email:	(Home)		`	Phone)			
				Y N If so, wh	en?		
Additional Rem	narks:						
Individuals in H	Household to R						
Name		Age	M/F	Name		Age	M/F
1				7			
2		<del></del>		8	<del></del> -		
3				9			
4				10			
5				11			
6				12			
Referring Agen	cv			Name			
		CLAY COUN	TY CLC	OTHES CLOSET GUI	DELINES		
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1. The Clay		e Closet serves	racidan	ts of Clay County only	,		

- 3. School age **children must be present with parent or guardian** for appointments.
- 4. Adults are responsible for their children in the reception room. Adults are asked to remain in the front reception room while their children are being fitted. Another adult will need to be present to watch their children in the reception room while the adult is being fitted.
- 5. Clients may be served by the Clay County Clothes Closet once every 6 months by referral.
- 6. Clients who are contagiously ill will not be seen that day. Please call for another appointment day.
- 7. Clients are asked to bring a **LARGE** trash bag for each individual receiving clothing.

Clay County Clothes Closet is located at 3939 N. Cleveland, Kansas City, MO 64117

	For Completion By CCCC Appointment Scheduler:
Appointment Date/Time _	