

SELL Project Referral Form

Completed forms should be emailed to atienken@caasomerville.org

PART 1. BASIC INFORMATION

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|----------------|---------------------------------|
| Date Referred: | BHCC Staff Completing Referral: |
|----------------|---------------------------------|

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| Name of Student: |
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|----------|--------|
| Address: | Email: |
|----------|--------|

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|--------|-------|-------|--------------------|
| Phone: | Cell: | Home: | Best time to call: |
|--------|-------|-------|--------------------|

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|---------------------|-----|-----|
| Primary language(s) | #1. | #2. |
|---------------------|-----|-----|

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| Disability (Y or N)? If yes, describe disability and how it impacts client needs: |
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| | | |
|--|-----|-----|
| Number of Household Members If known, list names & ages | #1. | Age |
| | #2. | Age |
| | #3 | Age |
| | #4 | Age |

| | | | |
|------------------------|----------------------------|---------------------------|-----------------|
| Income Source & Amount | 1 = Wages from Employment | 3 = Cash Benefits _____ | 5 = Zero Income |
| | 2 = Unemployment Insurance | 4 = Social Security _____ | 6 = Other _____ |

PART 2. Reason for Referral

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|--|---------------------------|-------------------------------|-----------------------|
| Type of Assistance Needed (Select all that apply) | 1 = SNAP/Food Stamps | 3 = Employment Insurance (IU) | 5 = Rental Assistance |
| | 2 = Cash Assistance/TAFDC | 4 = MassHealth | 6 = Other _____ |

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| Additional Notes to CAAS |
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