YWCA WISH PROGRAM
CLIENT REFERRAL FORM
For Internal and External Sources

1. **Client Information:**

Name:					
Date of Birth:					
Address:		**City:**		**Zip Code:**	
Phone:		**Ok to text? (mark with an X)**	☐ Yes ☐ No		
Alternate Phone:		**Ok to text? (mark with an X)**	☐ Yes ☐ No		
Email:					
Race:		**Ethnicity:**			
Preferred Language:					

2. **Do you have medical coverage? (mark with an X):**
   - ☐ Private Insurance
   - ☐ Medicaid
   - ☐ Both Private/Medicaid
   - ☐ None
   - ☐ Other, please specify: _____
   - ☐ Please specify Medical Provider: _____

3. **Are you pregnant? (mark with an X):** ☐ Yes ☐ No
   a. If yes, due date: _____

4. **Are you post-birth (Postpartum) or between pregnancies (Interconception) with children? (mark with an X):** ☐ Yes ☐ No

   a. If yes, how many children (#):

Child 1 - Name:		Date of Birth:	
Child 2 - Name:		Date of Birth:	
Child 3 - Name:		Date of Birth:	
Child 4 - Name:		Date of Birth:	

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4/11/2025

Child 5 - Name:		Date of Birth:	
Child 6 - Name:		Date of Birth:	

5. Please share any information on how we can best assist you? (mark with an X):

- ☐ Baby Supplies
- ☐ Birth Control/ Contraception/ Family Planning
- ☐ Breastfeeding
- ☐ Budgeting and Money Management
- ☐ Child Development
- ☐ Dental
- ☐ Education (GED, English as a Second Language, College, Trade School)
- ☐ Food Assistance
- ☐ Health (personal, family, immunizations, etc.)
- ☐ Health Insurance
- ☐ Parenting Support
- ☐ Pregnancy and Childbirth
- ☐ Stress, Depression, Anxiety
- ☐ Support Person (Someone to talk to)
- ☐ WIC (Women, Infants and Children)

☐ Other, please specify: _____

6. Referring Source (if applicable):

Date of Referral:			
Name:			
Agency:			
Phone:		**Ok to text (mark with an X)?**	☐ Yes ☐ No
Email:			

Please fax the form to 269-345-8230 or email to wish@ywcakalamazoo.org.

(This Section To Be Completed by YWCA WISH Staff Only)	
Date Received:	

Status Assigned (mark with an X):	☐ Accepted	Date:
	☐ Already Enrolled	Date:
	☐ Ineligible	Date:
	☐ Waiting List	Date:
Attempt to Contact (mark with an X):	☐ Attempt 1	Date:
	☐ Attempt 2	Date:
	☐ Attempt 3	Date:
	☐ Attempt 4	Date:
Assigned Staff:		
Enrollment Date:		
Discharge Date:		