eliminating racism
empowering women

ywca

Kalamazoo

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. **Medical Coverage (mark with an X):**

   ☐ Private Insurance

   ☐ Medicaid

   ☐ Both Private/Medicaid

   ☐ None

   ☐ Other, please specify: _____

   ☐ Please specify Medical Provider: _____

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

4. **Postpartum or 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:	
Child 5 - Name:		Date of Birth:	
Child 6 - Name:		Date of Birth:	

5. **Please share any information on how to best assist (mark with an X):**

☐ Baby Supplies	☐ Food Assistance
☐ Birth control/ contraception/ family planning	☐ Health (personal, family, immunizations, etc.)
☐ Breastfeeding	☐ Health Insurance
☐ Budgeting and Money Management	☐ Legal Aid
☐ Child Development	☐ Parenting Support
☐ Childcare	☐ Pregnancy and Childbirth
☐ Dealing with Abusive Relationship	☐ Shelter/Housing
☐ Dental	☐ Stress, Depression, Anxiety
☐ Education (GED, English as a Second Language, college, Trade School)	☐ Support Person (Someone to talk to)
☐ Employment and employment training	☐ Transportation
	☐ 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:		