

DO-CARE FAMILY ENRICHMENT CENTER 1465 W. Center Rd. Essexville, MI. 48732 989-894-0764 Fax 989-894-4770 cfifer@doallinc.org

DATE:		
CLIENT REFERRAL SHEET		
PLEASE BE ADVISED THAT THI CLIENT FOR NEEDS:	S AGENCY IS REFERRIN	G THE FOLLOWING
CLIENT NAME:		
ADD. ADULTS:		
ADDRESS:		
	OR CONTACT PHONE:	
Number of adults:		
DHS CASE #:		
IDENTIFIED BARRIERS: Food Housing	Utilities H	ealth Education
Children ServicesEn	nployment	
REFERRAL AGENCY:		
AGENCY PHONE NUMBER: Email:		
STAFF REFERRING:		
NEEDS: Circle all that apply		
	FURNITURE	CLOTHING
CARSEAT	PACK AND PLAY	

OTHER ITEMS MAY BE CONSIDERED NEEDS DEPENDENT UPON INDIVIDUAL SITUATIONS.

• Office hours are Monday thru Thursday: Appointments ONLY

Crystal Fifer: Do-Care Family Support Coordinator cfifer@doallinc.org