



**Helping Hands Thrift Shop**  
**55 Town Street, Norwich**

**Phone #: 860-889-2648**  
**Fax #: 860-892-7098**

**Please Print or Type**

Client's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ Telephone# \_\_\_\_\_

**Reason for Referral**

- Domestic Violence
- Fire
- Life threatening illness
- Recent Unemployment
- Job Training Program
- Substance Abuse Recovery
- Financial Hardship
- Homeless
- Teen Pregnancy
- Other: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**Size of Household**

- 1     2-3     4-5     6+

\_\_\_ Number of Adults

\_\_\_ Number of Children

|        |         |        |  |        |         |        |
|--------|---------|--------|--|--------|---------|--------|
| Boy___ | Girl___ | Age___ |  | Boy___ | Girl___ | Age___ |
| Boy___ | Girl___ | Age___ |  | Boy___ | Girl___ | Age___ |
| Boy___ | Girl___ | Age___ |  | Boy___ | Girl___ | Age___ |

**Specify Items Needed**

Clothing: \_\_\_\_\_

Furniture: \_\_\_\_\_

Household Goods: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

\_\_\_\_\_  
Name of Case Worker (printed)

\_\_\_\_\_  
Signature of Case Worker

Received by: \_\_\_\_\_

\_\_\_\_\_  
Signature of Helping Hands Staff Person

\_\_\_\_\_  
Date: