



The Christmas Gala

1228 Radcliffe Street
Bristol, PA 19007

christmasgala@comcast.net
www.thechristmasgala.org
Fax: 215-943-7361
Phone: 215-458-8073

2017

Date: _____

Emergency Referral Request Form

Referral Information:

Name: _____ Age: _____

Street: _____

City: _____ St: _____ Zip: _____

Phone: (____) - ____ - _____ Email: _____

Social Worker Information:

Agency Name: _____

Name: _____

Phone: (____) - ____ - _____ Email: _____

What circumstances have brought your client to us? (1-2 Sentences)

Have other resources been contacted or applied for this need? YES NO

Have we helped this referral in the last year? YES NO

If so, what have we helped with? _____

Has this referral been turned down by other resources for high income? YES NO

***** Please have all referrals fill out the financial form (including all assets) *****

What assistance is the referral seeking from our organization?

