



# The Christmas Gala

1228 Radcliffe Street  
Bristol, PA 19007

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

## Referral Request Form 2017

● E.P.I.C.

● E.C.H.O.S.

### Referral Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

### Social Worker Information:

Agency Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

What circumstances have brought your client to us? (Brief Summary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

If yes, what have we helped with? \_\_\_\_\_



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

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

What assistance is the client seeking for our organization?

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