



Referral Form
(one per child)

Child's Name _____ DOB _____ Age _____ Gender _____

Has this child been served by the Clothing Perk Before? Yes _____ No _____

*If yes, When? _____

Caregiver's Name: _____

Home Phone: (____) _____ Work Phone: (____) _____

Email: _____

Address: _____

City _____ State _____ Zip _____

Type of Care:

Foster Adoptive Safe Family CASA FAR-CPS

Other _____

Approximate Sizes needed: _____

Social Worker Name: _____

Work Phone: _____ Email: _____

Please return this form to: clothingperk@gmail.com

After emailing this form, please call (509) 389-2746 to set up an appointment.

Clothing Perk Notes: _____

Appointment Scheduled for: _____