

# Client Referral Form for Churches

## Instructions for Referring Church:

[www.mustministries.org](http://www.mustministries.org)

Please complete the information marked with an asterisk (\*) below and make a copy to keep for your records. Someone from MUST will follow-up with you **if the person you are referring signs the release below and presents this form at the intake office.** (Without a client signature, you will not receive a follow-up phone call but the client is still eligible to go to a MUST location for services.) Because of Medical Privacy regulations, MUST will not be able to provide follow-up for health clinic referrals. Please be clear with persons you refer, that **use of this form does not guarantee any specific assistance, i.e. food, clothing, financial assistance, etc.** Please note that MUST Marietta is the only location with an emergency night shelter and lunch meal. With questions please call 678-218-4481 or email [alee@mustministries.org](mailto:alee@mustministries.org).

\*Date \_\_\_\_\_

\*Church Name \_\_\_\_\_ \*Church Contact Name \_\_\_\_\_

\*Church Phone \_\_\_\_\_ \*E-Mail \_\_\_\_\_

\*Name of Client \_\_\_\_\_ \*SS# of Client \_\_\_\_\_

\*Address of Client \_\_\_\_\_

\*# of adults in household \_\_\_\_\_ \*# of Children \_\_\_\_\_ \*Ages \_\_\_\_\_

\*Service Requested:  Clothing  Shelter  Lunch Meal  Food Pantry  Education/Employment  
 Financial Aid  Other \_\_\_\_\_

Comments \_\_\_\_\_

## Client Signature for Release of Information

*Head of household's signature – must be signed for follow-up with church. **(Does not have to be signed to receive services from MUST)**. By signing this release, you are (1) indicating your willingness to allow MUST personnel to consult the PATHWAYS network, and (2) authorizing MUST personnel to report to the referring church the status of services delivered by MUST.*

## Instructions for Individual Referred:

Present this form in the intake office at the MUST location nearest you. See locations and hours of operation below. Please note that MUST Marietta is the only location with an emergency night shelter, lunch program and health clinic. Applicants must be residents of Cobb or Cherokee County, should go to an office in the county they reside, and must have picture ID for head of household and ID for each person in household, preferably Social Security card or birth certificate. Medicaid or shot records are accepted for children. Applicant must also have verification of residence, i.e. copy of lease or mail with applicant's name and address. No ID is required for the weekday lunch meal at the Marietta location.

## Service Locations:

MUST Cherokee  
141 B. W. Marietta Street  
Canton, GA 30114  
(770) 479-5397

MUST Marietta  
1407 Cobb Parkway N  
Marietta, GA 30060  
(770) 427-9862

MUST Smyrna  
460 Pat Mell Rd  
Smyrna, GA 30080  
(770) 436-9514

## Hours of Operations:

Except as noted, intake hours at all MUST locations are 10AM – 2PM, Monday – Friday (food, clothing, financial assistance, etc.) Intake for Elizabeth Inn Night Shelter at MUST Marietta, 55 Elizabeth Church Road, is between 5:30 and 6:00PM, seven days a week. Lunch meal served at MUST Marietta, 55 Elizabeth Church Road, is 12:00 – 12:30PM, Monday – Friday

## For MUST Use Only:

Date \_\_\_\_\_  
Services:  Clothing  Shelter  Hot meal  Groceries  Education & Employment  Financial Aid  Interview  
 Referred to (other agency) \_\_\_\_\_  
Other \_\_\_\_\_ Comments \_\_\_\_\_

**Staff/Volunteers: Please return this form to Annette in the development office**