

Church Client Referral Form

Instructions for Referring Church:

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 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 service.** Please note that MUST Marietta is the only location with an emergency night shelter and lunch meal. With questions please call 770-427-9862 ext. 1105 or 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 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.

Service Locations:

MUST Cherokee 141 B. W. Marietta Street Canton, GA 30114 (770) 479-5397	MUST Marietta 55 Elizabeth Church Road 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 10 am – 2 pm Monday – Friday (food, clothing, financial assistance, etc.)
 Intake for Elizabeth Inn Night Shelter at MUST Marietta is between 5:30 and 6 pm daily (7 days a week)
 Lunch meal served at MUST Marietta, Noon – 12:30 pm 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