



**Long Island Coalition  
for the Homeless**

600 Albany Avenue  
Suite 2  
Amityville, NY 11701  
(631) 464-4314 Ext. 122  
Fax: (631) 464-4319

www.addressthehomeless.org  
boutique@addressthehomeless.org



\*Copy of Vaccine Card must accompany referrals for in person appointments\*  
 copy attached

# BOUTIQUE REFERRAL FORM

## CLIENT INFORMATION

Please print clearly

Full Name: \_\_\_\_\_ Date of Referral: \_\_\_/\_\_\_/\_\_\_\_  New Client  Repeat Client

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

After submitting your Referral Form, please wait for someone to contact you to schedule an appointment  
Applicants may request assistance every 30 days  
Open Mondays and Thursdays by appointment only

## REFERRAL SOURCE INFORMATION

Contact Person: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Agency Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Referral: \_\_\_\_\_ Email: \_\_\_\_\_ Tel: \_\_\_\_\_

## DESCRIPTION OF NEEDS

Who should we contact to schedule an appointment? Name: \_\_\_\_\_ Tel: \_\_\_\_\_

- Street Homeless  Veteran  
 At Risk Of Being Homeless  Emergency / Transitional Shelter

Reason for Referral: \_\_\_\_\_

## ADDITIONAL FAMILY MEMBER NEEDS

| Gender |   |   | Age | First Name | Pants Size       | Bra      | Tops Size |       | Shoe Size and Type |            |       |
|--------|---|---|-----|------------|------------------|----------|-----------|-------|--------------------|------------|-------|
| F      | M | X |     |            | Waist and Length | Size/Cup | Kid's     | Adult | Toddler            | Children's | Adult |
|        |   |   |     |            |                  |          |           |       |                    |            |       |
|        |   |   |     |            |                  |          |           |       |                    |            |       |
|        |   |   |     |            |                  |          |           |       |                    |            |       |
|        |   |   |     |            |                  |          |           |       |                    |            |       |

\*Other "Specific" Items: \_\_\_\_\_

Office Use Only      Office Use Only      Office Use Only      Office Use Only      Office Use Only

Left Message: \_\_\_\_\_  Spoke To: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date Of Approval: \_\_\_/\_\_\_/\_\_\_\_

Checked By: \_\_\_\_\_ Date Checked Out: \_\_\_/\_\_\_/\_\_\_\_

No.  
Of Bags  
\_\_\_\_\_

Appointment Date

\_\_\_/\_\_\_/\_\_\_\_

Mon \_\_\_\_\_:

Thrs \_\_\_\_\_:

NOTES:

Received by: \_\_\_\_\_



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**THE BOUTIQUE**

### UPDATED BOUTIQUE REFERRAL FORM AND PROCEDURES - Effective November 2022

- The Boutique is open Tuesdays, Wednesdays and Thursdays by referral & appointment for PICK UPS.  
**\*\*No walk-ins\*\***
- The Boutique is open for in-person "shopping" by referral and appointment. Vaccination Card must be submitted with referral. Otherwise, referral will be converted to Pick up Only.
- Referral Form must be submitted to us in advance, either by fax, email or electronically by clicking on the link on our web site: [www.addresssthehomeless.org](http://www.addresssthehomeless.org)
- It is imperative that the referral source be a 3rd party such as a care coordinator, social worker, someone within a resource agency that is working with the client being referred, not a friend or self-referred.
- Persons may reapply (30 days after their last Boutique visit).
- Yes, a new Referral Form needs to be submitted each time.
- It may take 7 to 10 days to receive a call / appointment.
- If a client cannot keep an appointment, it is their responsibility to contact our office to re-schedule. It is not if there is an emergency situation (ex: necessary to submit a new application - just call us. fire, flood, etc.) or you have additional questions, please contact us at (631) 464-4314 Ext. 122 or email: [boutique@addresssthehomeless.org](mailto:boutique@addresssthehomeless.org)

Poorly prepared applications may delay your processing - NEATNESS COUNTS!

#### FORMULARIO Y PROCEDIMIENTOS ACTUALIZADOS DE REFERIDOS A BOUTIQUE

Efectivo a partir de Noviembre 2022

- La boutique está abierta Martes y Jueves por referido y cita. **\*\*\*No se admitirán sin cita\*\*\***
- La Boutique estará abierta los miércoles para personas que venir y escoger lo que necesitan. Tiene que estar vacunado de la COVID y mandar prueba con el remisión. Si no tiene prueba, no puede venir en persona.
- El formulario de referencia debe enviarse con anticipación vía fax, correo electrónico o a través de nuestro enlace de la página web: [www.addresssthehomeless.org](http://www.addresssthehomeless.org)
- Es obligatorio que el origen de la referencia sea de una tercera persona, como un Coordinador de Cuidado, un Trabajador Social, o alguien dentro de una agencia que esté trabajando con el cliente que se refiere. **NO** puede ser un amigo ni tampoco referirse a sí mismo.
- Las personas pueden volver a solicitar referido y cita 30 días después de su última visita a la boutique.
- Podría tomar de 7 a 10 días hasta que Ud reciba una llamada para confirmar su cita.
- SI, debe enviar un nuevo formulario de referencia por cada vez que se visite la boutique.
- Si el cliente no puede asistir a la cita, es su responsabilidad contactar nuestra oficina para cambiar su cita. No es necesario que presente una nueva solicitud de referencia- Solo llámenos.  
Si hay una situación de emergencia (por ejemplo, incendio, inundación, etc.) o si tiene preguntas adicionales, por favor comuníquese con nosotros al (631) 464 -4314 Ext. 122 o envíe un correo electrónico a [boutique@addresssthehomeless.org](mailto:boutique@addresssthehomeless.org)

Las solicitudes mal presentadas o mal llenadas pueden demorar el proceso de aprobación. – LA PULCRITUD ES MUY IMPORTANTE.

Additional Notes: