



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](http://www.addressthehomeless.org)  
[boutique@addressthehomeless.org](mailto:boutique@addressthehomeless.org)



# BOUTIQUE REFERRAL FORM

**CLIENT INFORMATION (all fields must be complete)– PLEASE PRINT (or type) CLEARLY**

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

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

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 TUESDAY, WEDNESDAY, AND THURSDAY BY APPOINTMENT ONLY.**

**REFERRAL SOURCE INFORMATION (all fields must be complete) – PLEASE PRINT (or type) CLEARLY**

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

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

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

**DESCRIPTION OF NEEDS (all fields must be complete) – PLEASE PRINT (or type) CLEARLY**

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

Contact's preferred language if other than English \_\_\_\_\_

What type of appointment are you making? Select one:  In-House Shopping or  Pick-up

Is the client experiencing street homelessness or shelter homelessness?  Yes or  No

If Client is experiencing homelessness, specify which type \_\_\_\_\_

Does the client need help with resources, services, and/or CE (Coordinated Entry)?  Yes or  No

Does the client need translation services  Yes  No

Reason for referral: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## ADDITIONAL FAMILY MEMBER NEEDS

Shopping will only be permitted for people on this form ahead of time. They may not be added to this form the same day of shopping. If they are not added before arrival, an additional referral form is needed.

Gender			Age	First Name	Pants Size (waist & length)	Bra (Size / Cup)	Top Size		Shoe Size and Type		
F	M	X					Kid's	Adult	Toddler	Children's	Adult

Other specific items needed:

---



---

### BOUTIQUE PANTRY (Please check with client for specific needs only)

Does the client need pantry items?  Yes or  No If yes, ensure that the pantry list is attached to referral.

### BOUTIQUE REFERRAL PROCEDURES/GUIDELINES – PLEASE READ

1. Please print (or type) clearly. Complete gender, age, name, pant size, full bra size (number & cup size), Bedding size (if applicable) top size & shoes size. If additional space is needed, add a blank page, and attach it to the referral form. **COMPLETE THIS SECTION FOR BOTH PICK UP AND IN-HOUSE SHOPPING.**
2. Shopping is ONLY permitted for people listed on the referral form before arriving at the Boutique. **THEY CANNOT ADD PEOPLE TO THE FORM THE DAY OF IN-HOUSE SHOPPING.**
3. After an appointment has been scheduled for pick up, if you are unable to make it, call to reschedule. After two weeks the items will be put back and a new referral form will need to be resubmitted. Ensure to call and re-schedule or cancel if you cannot keep your scheduled In-house shopping appointment. This is to ensure that we can provide that appointment slot to someone else.
4. Boutique clothing limits: 3 bottoms, 3 tops, 3 undergarments, and 1 pair of shoes (or sneakers) **per person listed on the form** – all depends on quantity available, and it should consist of their needs (not wants).
5. Boutique pantry: **PLEASE** Speak with client and review pantry list. Only check off items that are NEEDED and USED by the client. **Items and quantity will be distributed based on availability. All items on the list are not always available. This procedure is being implemented to ensure that clients are receiving items that they really use and need. DO NOT CHECK OFF EVERYTHING ON THE LIST UNLESS IT IS NEEDED.**

6. Do not send in a duplicate referral. For status updates on referral, **call or email to inquire.**
7. **Referrals that are incomplete/missing information might be delayed in processing or not processed at all. Phone calls will be made, and emails will be sent out requesting missing information. Even if it is an in-house shopping appointment make sure to complete the “additional family member needs section”. PLEASE ENSURE THAT ALL QUESTIONS ARE ANSWERED.**
8. It may take up to 7-10 days to receive a call/ appointment.
9. The Boutique is open Tuesdays, Wednesdays and Thursdays by referral and appointments. We offer in-house shopping and pick-up appointments. NO WALK-INS!
10. It is imperative that the referral source is a 3<sup>rd</sup> party such as a care coordinator, social worker, someone with a resource agency that is working with the client being referred, not a friend or self-referred.
11. If a client cannot keep an appointment, it is their responsibility to contact our office to re-schedule and or cancel.
12. If the client is facing an emergency (ex: fire, flood etc....) or you have additional questions call 631-464-4314 Ext. 122 or email : [boutique@addresssthehomeless.org](mailto:boutique@addresssthehomeless.org)

Additional Notes:

**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: \_\_/\_\_/\_\_ Number of bags \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

Appointment Date  
 \_\_/\_\_/\_\_  
 Tues: \_\_\_\_\_  
 Wed: \_\_\_\_\_  
 Thurs: \_\_\_\_\_



# Long Island Coalition for the Homeless

## Outreach/Boutique Pantry Checklist for Case Manager Clients

Speak to client and inquire what specific items are needed.

(IF ALL ITEMS ON LIST ARE NOT NEEDED DO NOT CHECK ALL OF THEM OFF)

Items and quantity will be provided upon availability.

Please specify any allergies and/or cooking specifications whether stove/oven, microwave, none, etc.

Client Name: \_\_\_\_\_ Case Manager initials: \_\_\_\_\_ Date: \_\_\_\_\_

How many people are in the household? \_\_\_\_\_ Are there any children Yes  No

### Toiletry Packages – Personal self-care items if available may include:

Toothpaste

Toothbrush

Soaps/Bodywashes

Deodorant

Lotion

Adult Diapers (Specify size) \_\_\_\_\_

Chucks (Bed liners)

Shampoo/Conditioner

Razor/Shaving cream

Feminine items (select one) Tampons  Pads

---

### Non-Perishable Goods - Dry/Can Grocery items if available may include:

Soups

Tuna/Chicken

Cereals (select one) Cold  HOT

Beans/Legumes

Vegetables - Peas/Corn etc.

Peanut Butter/Jelly

Ketchup/Mustard Condiments

Pasta/Rice

Sauces – Tomato (red)  Alfredo  (white) or Gravy

Juice Bottles/Packs

Snacks – may be limited/specify any nut allergy

Ramen noodles Packs/Cups

Canned fruit

# Long Island Coalition for the Homeless

**Household items – Cleaning Solutions/Paper Products *if available* may include:**

- Laundry Detergent
- Dish Detergent
- Bathroom Cleaning Sprays
- Kitchen Cleaning Sprays
- Cleaning Disinfectant Wipes
- Disinfectant Spray
- Sanitizer may be limited
- Gloves/Masks may be limited
- Paper Towels
- Toilet Paper

**Baby Essentials – Baby Toiletries/Formulas/Diapers *if available* may include:**

- Baby Formulas (Specify type) \_\_\_\_\_ (will be provided if available)
- Baby Diapers –Age Group/Size Stages – Newborn, Stage 1, 2, 3, 4, 5 (select a size)
- Baby Wash
- Baby Lotion
- Baby Oil
- Diaper Rash Ointment

**Pet Supplies – Wet/Dry Food *if available* may include:**

- Cat Food – Wet/Dry
- Dog Food – Wet/Dry

**Other items not listed** \_\_\_\_\_