



Application

Referring agency: _____ Date of referral: _____

Applicant Name: _____ Birthdate: _____

Where do you currently live? _____

Phone number: _____ Email: _____

Best way to reach you: _____

Additional family members:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Current needs that Fresh & Clean can help with (check all that are being requested):

_____ laundry _____ bathing facility _____ hygiene items

_____ seasonal clothing _____ blankets _____ minor first aid items

_____ furthering education _____ money management _____ physical health

_____ housing resources _____ employment _____ mental health

_____ prenatal care resources _____ food stamps _____ religious connections

_____ parenting skills

Other needs: _____

For Northern Star Office use

Date received: _____ Receiving staff member: _____

Initial appointment/intake interview date: _____ time: _____

Number of people coming to initial appointment: _____