



Client Referral Form

The purpose of the Strides' Outreach Program is to meet the needs of unsheltered people where they are.

In a greater effort to move people off the streets, reduce encounters with law enforcement and to generally prevent living unsafely outdoors, we empower the community to be part of the solution by referring to the Strides Outreach Program.

<u>Client's First & Last Name:</u>	<u>Engagement date/s:</u>
<u>Contact Information:</u>	<u>Engagement location:</u>

Please provide a physical description of Client:

(Any identifying features including: hair style/color; jacket/clothing color; approx. height/weight; anything that stands out.)

❖ *If possible, please provide a photo of Client so that we may easily locate them.*

Referral Source:	_____
Name of Referring Agent:	_____
Phone Number:	_____
Email Address:	_____
Submission Date:	_____

Office Use Only:

Case Assigned to: _____ Date Assigned: _____ Status: _____