

**MISSION EAST DALLAS
COMMUNITY REFERRAL FORM**

Name _____ Date _____

Zip Code _____ Phone _____

We would like to know if there are any other difficulties, aside from your medical needs, that you or your family is currently experiencing. Our volunteer may go over this form with you to explore any appropriate referrals to the various social agencies in this community.

Would you like to talk with our volunteer about:

- | | | |
|--|-----------|----------|
| a) Food Pantry/Clothing/Food Stamps | Yes _____ | No _____ |
| b) Financial assistance with rent, utilities, etc. | Yes _____ | No _____ |
| c) Depression | Yes _____ | No _____ |
| d) Stress/Anxiety | Yes _____ | No _____ |
| e) Recent death or loss | Yes _____ | No _____ |
| f) Violence/Abuse | Yes _____ | No _____ |
| g) Nutrition/Exercise | Yes _____ | No _____ |
| h) Smoking/drugs/alcohol | Yes _____ | No _____ |
| i) Immigration/Legal issues | Yes _____ | No _____ |
| j) Parenting | Yes _____ | No _____ |
| k) Job Training/Education/GED | Yes _____ | No _____ |
| l) Medicaid/CHIP application | Yes _____ | No _____ |
| m) Housing | Yes _____ | No _____ |
| n) Mammogram/Pap Smear | Yes _____ | No _____ |

Notes:

- 1. If your children are Permanent Residents or American Citizens, they may qualify for Medicaid or CHIPS. Please ask us for an application.**
- 2. Any information you provide is strictly confidential and will only be shared with pertinent organizations.**

THANKS