



Referral Form

Must be printed on letterhead from referring School, Agency or Place of Worship

We encourage you to modify the layout of this page to fit on your letterhead, but please do not delete eligibility information, the map/directions or instructions to clients.

Referral for Clothes To Kids Rhode Island, Inc.

Parent Name(s): _____ Date of Referral: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Please fill in ALL student information. CTKRI serves students K–12th grade and those working toward a GED. Children younger than 5-years-old are not eligible to shop. Please do not include children under 4 on this form.

Student Names:

_____	School: _____	D.O.B. _____
_____	School: _____	D.O.B. _____
_____	School: _____	D.O.B. _____
_____	School: _____	D.O.B. _____
_____	School: _____	D.O.B. _____
_____	School: _____	D.O.B. _____

Referred by (Please Print)	Agency:
Signature:	Phone Number:
I'm familiar with the above family & their needs and would like to request clothing for these students.	

Note to Parents/Guardians: To shop, you **must call Clothes To Kids Rhode Island at 401-941-8050** to make an appointment. Please bring this referral with you to your appointment along with a photo ID.

Nota a Padres/Guardianes: Para comprar, debe **llamar a Clothes To Kids Rhode Island al 401-941-8050** para hacer una cita. Por favor, traiga esta referencia a su cita junto con una identificación con foto.

For more information, visit us at www.clothestokidsri.org