



CLIENT REFERRAL FORM
Information needed to schedule an appointment

This form is to be used to gather information prior to scheduling an appointment on Bridging's online referral and scheduling website: <http://www.appointmentquest.com/provider/2120069436>

1.	Preferred Bridging Location (select one)	Bloomington		Roseville	
2.	Moving/pick up of items (select one)	Client/agency to arrange		Delivery by Bridging	
3.	Appointment Time	9:15 a.m.		10:30 a.m.	
4.	AGENCY NAME				AGENCY ID:
5.	Program/Department				
6.	Caseworker Name				
7.	Caseworker Phone Number				
8.	Caseworker email				
9.	Client First Name:				
10.	Client Last Name:				
11.	Client Date of Birth:				
12.	Client Address (include apartment #):				
13.	Client City:				
14.	Client State:				
15.	Client Zip Code:				
16.	County Client Lives In:				
17.	Building-Client access code				
18.	Primary Client Phone Number:				
19.	Alternate Client Phone Number:				
20.	Client Email Address				
21.	Has client accessed Bridging services in the past?:				
22.	Client Race/Ethnicity:	African	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American
		Hispanic	Mixed Racial Background	White	Other
23.	Client Marital Status:	Single Separated Widowed or Divorced		Married	
24.	Client Sex:	Male		Female	
25.	Client Age:				
26.	Household Size:				
27.	Age of ALL others in household:				
28.	How many children in the household are 17 and under?:				
29.	Number of Bedrooms:				
30.	Home Visit Completed: (Date)				
31.	Completed Client Checklist:				
32.	Client Yearly Income:	Under \$5 000	\$5 000 - \$9 999	\$10 000 - \$14 999	
		\$15 000 - \$20 000	Over \$20 000		
33.	Was the client homeless?:				
34.	For how long was the client homeless?:	Less than 1 month	1-3 Months	4-12 Months	
		Over 12 months	Was not homeless		
35.	What brought the client to Bridging?:	Disability	Domestic Violence	Foreclosure/Loss of Home	Immigration
		Job Loss	Leaving Prison	Medical Bills	Mental Health
		Natural Disaster	Persistent Low Income	Substance Abuse	Bed Bug Infestation
36.	Does your client understand that the furniture is used?:				

37.	Does your client understand that the furniture must be moved within 48 hours?:		
38.	Will bring an interpreter?:		
39.	Will bring assistant required due to mental health or physical limitations?		
40.	If there is an ID number used by your agency for billing purposes, enter it here::		
41.	Who is paying for the appointment?:	Referring Agency	Client or Other Paying Referring Agency
		Client Paying Bridging	Other Paying Bridging
42.	If OTHER, who is paying for the appointment?:		
43.	Who is paying for delivery?:	Referring Agency	Client or Other Paying Referring Agency
		Client Paying Bridging	Other Paying Bridging
44.	If OTHER, who is paying for delivery?:		
45.	What floor does the client live on?:		
46.	Is there an elevator in the building?:		
47.	DELIVERY DATE (given by Bridging):		
48.	Additional Notes:		
49.	USED Beds Needed (GENERAL GUIDELINES - Household size of 1 - 4 = 1 bed, 5-6 = 2 beds, 7+ = 3 beds): (YES/NO)		
50.	NEW Beds/Frames needed? (YES/NO)		
51.	Who is paying for NEW Beds and Frames?	Referring Agency	Client or Other Paying Referring Agency
		Client Paying Bridging	Other Paying Bridging
52.	If OTHER who is paying for NEW items?		
53.	(Prices include sales tax) If AGENCY is paying is Agency tax exempt?		
54.	NEW Twin Mattress and Box Spring (\$149 each)		
55.	NEW Full Mattress and Box Spring (\$198 each)		
56.	NEW Queen Mattress and Box Spring (\$239 each)		
57.	NEW Twin/Full Bed Frame (\$30 each)		
58.	NEW Queen/King Bed Frame (\$59 each)		