



Post-Employment Appointment Request

Please print the following information in the box:

Client Name: _____ Email: _____

Best Number to reach Client: (Circle One – Home/Cell/Other) _____

1st Appointment Date: _____

If did not come for 1st appointment, please state reason: _____

Please check requested appointment time*:

Day Appointment _____ Evening Appointment _____

* Please request a day appointment only if client does not work during the day. **We will not schedule a day appointment for a client if she will have to miss work in order to attend.** We have evening appointments once a month to accommodate these clients. Day appointments are only for clients who have not started their job or work evening hours.

Client Employment Data

Employer Company Name: _____

Job Title: _____ Workplace Phone: _____

Date Started: _____ Wage/Salary: _____

Number of Hours a Week: _____ Check if a temporary position _____

Referral Organization Information

Referral Organization: _____

Staff Name: _____

Staff E-mail: _____

Staff Phone: _____

Referrals by Appointment Only
E-mail Request to: pwarda@bottomlessclosetnyc.org