

APPOINTMENT REQUEST FORM

CLIENT: Please PRINT and complete the following information.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Clothing Sizes: Blouse/Blazer: _____ Skirt/Pants: _____

The following information is strictly confidential and will be used for statistical purposes only.

(Please check one in each category)

Age:	Race:	Marital Status:
Under 21 _____	African American _____	Single _____
21-29 _____	Asian _____	Married/Partnered _____
30-39 _____	Caucasian _____	Separated/Divorced _____
40-49 _____	Hispanic _____	Widowed _____
50 or older _____	Other _____	

Children (living in your household): Yes _____ No _____

Currently Receiving Public Assistance (including foodstamps, WIC, or TANF): Yes _____ No _____

Education (please check highest level completed):

<i>GED</i>	Yes _____	No _____	In Progress _____
<i>High School Diploma</i>	Yes _____	No _____	If No, grade completed _____
<i>College Degree</i>	Yes _____	No _____	If Yes: Associate _____ Bachelor _____
<i>Advanced Degree</i>	Yes _____	No _____	If Yes, please specify: _____

REFERRAL ORGANIZATION: Please PRINT and complete the following information.

Job Interview Date: _____ Employer: _____ Position Applied for: _____

How long has the client been with your program? _____

Referral Organization Information

Referral Organization: _____ Staff Name: _____

E-mail: _____ Phone: _____

To Request an Appointment, e-mail this completed form to smonk@bottomlessclosetnyc.org

Appointment Date & Time : _____