



Citrus Heights Police Department 6315 Fountain Square Drive Citrus Heights, CA 95621 Phone: (916) 727 - 5500





Referral Application

Application Instructions

This application is for you to refer a family for the Citrus Heights Holiday Referral Program. The family that you are referring <u>must be informed</u> that you are doing so. In order to refer a family, you must have firsthand knowledge of their circumstances. Applicants will be screened based on the details that describe a recent hardship or distressed situation that has occurred over the last year. Please make sure to complete this form as accurately as possible. To be eligible for this program, a family must meet the following criteria:

- reside in the City of Citrus Heights
- have at least one child under the age of 13
- have actual and specific need
- have had a recent hardship or distressed event over the last year

Applications must be received no later than <u>Friday, November 20, 2015 by 5:00 p.m.</u> and may be emailed to <u>holidayreferral@citrusheights.net</u>, faxed to (916) 727-5965, or mailed/dropped off to:

Citrus Heights Police Department

Attn: Holiday Referral Program Coordinator

6315 Fountain Square Drive Citrus Heights, CA 95621

Your name:

Contact number(s):

Occupation:

Name of employer/company:

Relationship to the family:

How long have you known the family?

Have you referred this family for other resources this year?

No Yes If yes, list those resources:

Referred Family Information Attach additional sheets if necessary

			,			
Adult name		Relationship to children		Date of Birth	Age	Gender
Adult name		Relationship to children		Date of Birth	Age	Gender
Child #1 name	Age	Gender	Child #2 name		Age	Gender
Child #3 name	Age	Gender	Child #4 name		Age	Gender

HRP # 102





Citrus Heights Police Department 6315 Fountain Square Drive Citrus Heights, CA 95621 Phone: (916) 727 - 5500





Address:	City and zip code:					
Contact number(s):	Primary language(s) used in household:					
Please provide a detailed description of why you believe this family is eligible for the program. Note: You must have personal knowledge of the family's distressed situation or recent hardship in the last year. In general, we may not consider a family merely because they are in a food program or of low income; it is important to provide specific details that will assist us in our selection process.						
POLICE USE ONLY: Notes						
POLICE USE ONLY						
Interview date: Interview time: I	nterviewers: Approved Denied					
RIMS check Hit Clear Initials:	P/U time: Delivery Extra					
O: Sunnort Services/Holiday Referral/Rlank Forms HRD.	# 102 Undated 10/28/2015					