

CONFIDENTIAL - Referral Request for Service

This form is for professional use only. All information must be completed by the case worker.

Questions call: 847-731-8370.

Submit the completed form via E-Mail: office@frczion.org

Requests are reviewed/approved, on a case-by-case basis, Monday – Thursday.

Your Name: _____ Date: _____

E-mail: _____ Phone: _____

Agency: _____ Position: _____

Agency Address: _____ City: _____ Zip: _____

CLIENT INFORMATION RELEASE:

From: _____
(Clearly print client's name)

I hereby authorize FRC and _____ to disclose my personal information contained in or relating
(Church or Agency)
to my request for assistance submitted to FRC and its affiliated agencies, churches and organizations. I understand and acknowledge that FRC has no administrative oversight or control over such affiliated agencies and organizations. I further acknowledge and understand that FRCZ has no administrative oversight or control over the use and dissemination of such information by its affiliated agencies and organizations. I hereby release and hold harmless FRC and its affiliated agencies, churches and organizations from any and all liability relating to or arising out of the use and dissemination of such personal information by FRC and its affiliated agencies and organizations.

Client Signature: _____ **Date:** _____

CHILDREN: Please list **All** children in the Household. Indicate what is needed by the child.

Name (First & Last)	Age	Race	Sex	Disabled?	SERVICE REQUESTED FOR THIS CHILD

Please provide a detailed explanation to support the above request. (On back)

Please provide a detailed explanation to support the above request

Other Sources Contacted? (to avoid duplication of items): _____

FRC USE: **Approved: Yes / No**

Items given:

Signature: _____ Date: _____