Client Referral Form

Date of Referral: _____

To refer a potential client(s), please complete this form and return it to info@newcircles.ca or fax to (416)422-5946.

We are open for appointments Monday, Tuesday, Wednesday, and Friday from 10am – 3pm; Thursday from 10am – 5pm.

If you would like to book a Group Clothing Appointment for your clients, please call us to make arrangements.

Referring Agency/ Organization Information			
Name		**Phone Number:**	
Agency/Organization		**Email:**	
Would you like us to contact the client directly? ☐ Yes		☐ No, Please Explain:	

Program Eligibility:

- In order to qualify for regular shopping visits at New Circles, prospective clients must reside in the following postal code area: **M2J, M3A, M3B, M3C, M4A, M4B, M4C, M4G and M4H.**
- Clients who do not live within our designated catchment area are also eligible to shop at New Circles as long as a Referral Form is submitted to New Circles on their behalf.. They will be eligible to shop at New Circles on a one-time basis.

Syrian Initiative: Syrians who do not live within our designated catchment area are eligible to register at New Circles and will be given two clothing appointments per year for up to two years.

Please list all households who would like to utilize New Circles' services. Individual shopping appointments will be booked for each household listed.					
Household Name (Primary Contact)	**Postal Code**	**Tel#**	**Syrian**	**Household Composition (Please include # of adults and children per household)**	**FOR OFFICE USE ONLY Appointment Date & Time**
			☐ Yes ☐ No	____ Adult(s) ____ Children (0-18 yrs)	
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