



communitystorehouse

CONFIDENTIAL REFERRAL

Request for Assistance from the Community Storehouse

Community Storehouse Client Services:

Open Monday - Thursday from 9:00 a.m. to 5:00 p.m.*

*Office/Nutritional Center Closed for lunch 12:30-1:30

Located at 12001 Katy Rd, Fort Worth, Texas 76244

Phone: 817-431-3340 Fax: (817) 482-1693

Recommend that persons seeking assistance bring photo ID.

Date of Referral: _____ Referral Name: _____

Address: _____ Phone #: _____

Reason for Referral: _____

Referral Agency: _____

Referred By: _____ Email: _____

Telephone #: _____ Fax #: _____

Is the referral a Registered Member of agency? ___Yes ___No

Has assistance been provided by the agency? ___Yes ___No

If yes, what has been provided? _____

Email Referral form to receptiondesd@communitystorehouse.org