



Closet of Hope Referral

Please contact info@hope4gaston.com to schedule an appointment.

Our address is 202 S. New Hope Rd. Gastonia NC; behind Planet Fitness & Hamricks.

Referral Date: _____

Place an 'X' next to the referring organization; or; use OTR and provide name if organization is not listed.

<input type="checkbox"/> GCA-Gaston Community Action	<input type="checkbox"/> PKW-Parkwood Church	<input type="checkbox"/> DMC - Dreamcenter
<input type="checkbox"/> GCAH-Gaston Community Action Headstart	<input type="checkbox"/> DSS - Department of Social Services	<input type="checkbox"/> BBC-Bethlehem Church
<input type="checkbox"/> GCS-Gaston County Schools	<input type="checkbox"/> OTR-Other 501c3 Partner	

Primary Client * (First & Last name)	
Number of Adults	
Number of Children	
Address	
Contact Number	

Immediate family members of the *Primary Client, for example; parents, spouse, or school age siblings are eligible to receive assistance from the Closet of Hope. Please ensure all eligible individuals are listed below at the time of referral.

Name	Clothing Type	Size	M/F	Other Information

Please note that Closet of Hope (COH), referrals are to assist individuals and their families in need of clothing. To best serve our community, referrals should not be made more often than once quarterly and employees of referring organizations are ineligible to participate in the COH Boutique.

Referring Individual	Contact Number	Signature

For additional information about the Closet of Hope, please visit our website at: <http://hope4gaston.com/>
 To contact us please email info@hope4gaston.com. Thank you and we look forward to assisting you.