



# Garden State Home

## Bridges Referral Form

Client's Name: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Client's Address: \_\_\_\_\_

Client's Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ D.O.B: \_\_/\_\_/\_\_

Referral Agency: \_\_\_\_\_

Agency Contact: \_\_\_\_\_ Agency Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### 1. Current Living Status:

- Shared Living Arrangement
- Independent Living
- Group Home: Facility Name: \_\_\_\_\_
- Shelter: Facility Name: \_\_\_\_\_
- Apartment

### 2. Education Status:

- Not Enrolled
- Enrolled Part-time: Name of School: \_\_\_\_\_
- Enrolled Full-Time: Name of School: \_\_\_\_\_
- Last Grade Completed: \_\_\_\_\_ Name of School: \_\_\_\_\_

### 3. Employment Status:

- Unemployed
- Part-Time: Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_
- Full-Time: Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

### 4. Benefits Client is Currently Receiving:

- Temporary Assistance for Needy Families (TANF)
- General Assistance (GA)
- Supplemental Nutrition Assistance Program (SNAP)
- Women, Infants, and Children (WIC)
- NJ Care for Kids
- Social Security
- Student Financial Aid
- Federal Bonding Program

### Please send referrals to:

GSH Bridges Program

Email: [bridges@gardenstatehome.org](mailto:bridges@gardenstatehome.org)

Fax: 732.626.6041