

Clothing & Connections

(A Component of Fargo Housing Authorities Self-Sufficiency Center)
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Referral Form

***Please note that the client contract must be read and signed before the client comes for his/her appointment: (Please Print)**

Client's Name: _____
 Address: _____

 Telephone # _____
 Date: _____

I _____, understand:
 (Please initial below each line and sign)

- _____ This service is by appointment only.
- _____ I must bring this form in with me at the time of my appointment. Photocopies are not acceptable. A dresser will give time and expertise to help me find the appropriate clothing for a interview or job.
- _____ If I can not make my appointment I will call C & C at 701-237-6355 to reschedule at least 24 hours before my appointment.
- _____ If I miss two appointments with the dresser, I will not be permitted to make another appointment.
- _____ I must be freshly showered with my hair washed before I can receive clothing. If I do not meet those standards I will be asked to reschedule my appointment.
- _____ I agree that no children will be brought with me.
- _____ I can not take clothing that I have not tried on.
- _____ I will not bring the opposite sex with me. This appointment is for me only. If another person comes they will have to leave the building.
- _____ You must fill out the client survey on the other side of this form, before you can be dressed!

Client's signature: _____
Note: Referral is NOT valid 30 days after above date

Ref. Agency: _____
 Phone: _____
 Agency Fax: _____
 Agency Staff's Signature: _____
***Please note that the client contract to your left must be read and signed before the client comes for his/her appointment: (Please Print)**

Clothing Received Office Use Only

<u>Item</u>	<u>Size</u>	<u>Number Received</u>
Shirt/Blouse/Top		
Sweater		
Pants/capri		
Skirt		
Dress		
Suit jacket		
Coat		
Underclothing		
Shoes/boots		
Jewelry		
Make-up		
purse		
Other: (Specify)		

Total Items: _____

Dresser's Signature: _____
 Date: _____

SELF-SUFFICIENCY CENTER CLIENT SURVEY

Clothing & Connection's First Impressions ESPM FSS POE Intern/vol.

Please Print:

Name: _____ Date _____ Ref. Agency: _____

Current Address: _____ City _____ State: _____ Zip code _____

Telephone number where you can be reached: _____

E-Mail: _____

Please check the line next to the item that pertains to you or fill in the appropriate answer in order. Please fill out this survey as accurately and completely as you can. All answers will be used strictly for our statistical purposes and will be kept confidential. Thank You!

Age:

A) 12-17 YEARS _____

B) 18-23 YEARS _____

C) 24-33 YEARS _____

D) 34-43 YEARS _____

E) 44-54 YEARS _____

F) 55 + YEARS _____

Ethnic Background:

A) AFRICAN AMERICAN _____

B) ASIAN AMERICAN _____

C) CAUCASIAN _____

D) HISPANIC _____

E) NATIVE AMERICAN _____

F) OTHER _____

Household Income Level:

A) \$0-\$5,000 _____

B) \$5,001-\$10,000 _____

C) \$10,001-\$20,000 _____

D) \$20,001-\$25,000 _____

E) \$25,001 + _____

Sources of Income:

SOCIAL SERVICES _____

CHILD SUPPORT _____

EMPLOYMENT _____

PENSION _____

VETERAN _____

GENERAL ASSISTANCE _____

SOCIAL SECURITY _____

SSI _____

WORKER'S COMP. _____

UNEMPLOYMENT _____

OTHER _____

Gender:

A) MALE _____

B) FEMALE _____

Education: Please indicate HIGHEST level

K-8 _____ High School Diploma or GED YES _____ NO _____

Technical Degree _____ College 2yr. _____ 4yr. _____

Do you receive:

Public Housing _____ OR Section 8 _____

Which Housing Authority?

FARGO HOUSING _____

CASS COUNTY _____

CLAY COUNTY _____

MOORHEAD HOUSING _____

Other: _____

Are you limited in any major life?

activity (i.e.) works daily living, etc.? YES _____ NO _____

Please tell us the following information about your household:

NUMBER OF ADULTS _____

NUMBER OF CHILDREN _____

TOTAL # IN FAMILY (Including self) _____

Community Needs Assessments

The purpose of these questions is to help the Self-Sufficiency Center to:

A. Identify the specific needs in the community, focusing on life and job skills training.

B. Find the gaps on life and job skills training so we can meet the present community need.

1. What life and job skills training topics would you need to improve the quality of your life? Please check all that apply:

A. Business Training: _____

F. Network/Referral for Supportive Services: _____

B. Interview and Work Clothing: and/or Basic Need _____

G. Choosing a Career Path: _____

C. Computer/Tech skills: _____

H. Problem Solving/Conflict Resolution: _____

D. Employment Training: _____

I. Interpersonal/Social Skills: _____

E. Professional Image: _____

J. Work Place Ethic: _____

Other (be specific) _____