

Vine and Branches
Referral Form

Date Referred: _____

Referring Agency: _____

Person making referral: _____

Phone number of agency: _____ Fax # _____

Name of person/family being referred: _____

Phone Number of person/family: _____

Number of family members: _____

Sex/sizes of children/family members:

Special Needs: _____

Items still needed: _____

Appointment Date: _____

TO THE PERSON BEING REFERRED:

Before you come to Vine and Branches, please call for an appointment. A time will be set aside just for you, and a volunteer will work with you. This is a one-time service provided by Vine and Branches.

**YOU MUST BRING A COMPLETED REFERRAL FORM WITH YOU OR
HAVE IT FAXED TO US BEFORE THE APPOINTMENT.**

Hope Presbyterian Church
7132 Portland Avenue South
Attention: Nancy Staloch or Heidi Johnson
Richfield, MN 55423/ Phone: 612-866-4055, ext. 129; FAX: 612-866-8226
New Direct Phone# 612-866-1359