



# ARAW Referral Form

Email to: [admin@arawofnb.org](mailto:admin@arawofnb.org) | Questions: (508)717-0400

**Name:**

**Phone:**

**Address:**

**Age:**  **DOB (opt):**

**Language:**

## Residency

- Has lived in Dartmouth, New Bedford, Acushnet, Fairhaven or Westport for 5+ years
- Has NOT lived in Dartmouth, New Bedford, Acushnet, Fairhaven or Westport 5+ years
- Lives Alone
- Lives with:
  - And why:

## Income

SSI: \_\_\_\_\_ SSDI: \_\_\_\_\_ SSP: \_\_\_\_\_ Wages: \_\_\_\_\_ Pension: \_\_\_\_\_

401K: \_\_\_\_\_ Gifts from Family: \_\_\_\_\_ Grants: \_\_\_\_\_ Other: \_\_\_\_\_

- Monthly income under \$1,800 (with subsidized housing)
- Monthly income over \$1,800 (with subsidized housing)
- Monthly income under \$2,500 (non-subsidized housing)
- Monthly income over \$2,500 (non-subsidized housing)
- Liquid assets under \$10,000 (excluding home and auto)
- Liquid assets over \$10,000 (excluding home and auto)

## Most urgent need:

## Best contact & why:

- Consent to contact granted**

Referral source:

Name:

Phone/email:

Date completed: