



ARAW Referral Form

Email to: 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: