



Service Provider Referral and Verification Form

This is an optional form to use for a referral or to provide verification of household composition

Instructions

Service Provider should complete form to refer and verify clients to receive holiday assistance

For Living Situation, choose from one of the following: shelter, homeless, staying with friends/family, rent/own home

Once the form is completed please submit by the service provider via email or direct mail

Form to be used in conjunction with Christmas Bureau application located online at cceasterlnwa.org/Christmas-bureau

Household Composition and Residency

Applicant is giving permission for service provider and the Christmas Bureau to communicate regarding household composition. All information below will be cross examined with the Christmas Bureau application for accuracy.

Applicant Name _____

Primary Language of Applicant _____

Total number of adults in the home _____ Total number of children in the home _____

Living Situation _____

Physical Address _____

Mailing Address if different _____

Additional Comments _____

Applicant signature if required by service provider _____

Service Provider Information and Signature

I verify the information provided on this form is accurate and true

Print Name _____

Company/Agency Name _____

Address _____

Email _____ Phone _____

Signature _____ Date _____

Please return this form to

Christmas.bureau@cceasterlnwa.org

or mail to

Christmas Bureau

PO BOX 2253

SPOKANE, WA 99210