<b>⇔</b>	۵
poppeylyapia	(CLOTHING AGENCY USE ONLY)
pennsylvania  DEPARTMENT OF HUMAN SERVICES	APPOINTMENT DATE & TIME:
	NO SHOW (DATES):
PA WORKWEAR	CLIENT CALLED:
	AGENCY CALLED:
	LETTER SENT:
	NOTES:
CLIENT REFERRAL FORM – TO	D BE COMPLETED BY REFERRING AGENCY
*Response is required for this field	
*REFERRAL PROGRAM / AGENCY:	
*PDOCDAM CONTACT.	*REFERRAL DATE;
*CONTACT EMAIL:	*TELEPHONE:
*CUENT NAME	TELEPHONE
	TELEPHONE:
CLIENT EMAIL:	*CAO CASE RECORD #:
ADDRESS:	(CITY) (ZIP)
(STREET)	(CITY) (ZIP)
CLIENT SPEAKS ENGLISH? TYES TINO IF	NO, WHAT IS THE PREFERRED LANGUAGE?
CLIENT REQUIRES CLOTHING FOR: DOB TRAINING	
DESCRIBE ANY SPECIAL ATTIRE (INCLUDING COLORS):	<del></del>
DESCRIBEANT SPECIAL ATTIAL (INCLUDING COLOTIS).	
Please review and answer the following questions carefully eligible for PAWW services.	y. Your signature certifies that this referral is receiving TANF benefits and is
*IS CLIENT PARTICIPATING IN AN APPROVED EMPLOYMEN	NT & TRAINING OR CAO-DIRECTED ACTIVITY? ☐ YES ☐ NO
	KEYS CAO-DIRECTED
*IS CLIENT RECEIVING TANF? YES NO	
*SIGNATURE	*DATE
OPTIONAL SUITING INFORMATION - TO BE COMPLETED BY CLIENT	
The following information is optional, but will help the PAWW provider in preparing for your suiting appointment.	
HEIGHT:FTIN. CHECK ALL THAT APPLY:PREGNANTPETITETALLBIG/TALLPLUS SIZE	
WOMEN - INDICATE SIZES:BLOUSE/JACKET	SKIRT/PANTS SCRUBS/UNIFORM SHOE SIZE

Clients must be instructed to arrive on time and alone, or they will not be suited. No children or visitors allowed.

MEN - INDICATE SIZES: PANTS (I.E. 38X30) SUIT JACKET SHIRT SCRUBS SHOE SIZE