

1 TELL US ABOUT YOUR CLIENT

Name: _____

Address: _____

Phone: _____

Reason for referral: _____

2 TELL US ABOUT YOURSELF

Partner Organization: _____

Your Name (Printed): _____

Your Email: _____

Your Phone: _____

I have met with _____


and believe they are ready to take steps toward improving their own life. Therefore, we are referring them to the East Texas Cornerstone Assistance Network and committing ourselves to work with them as necessary to transform their life.

Your Signature

Today's Date

3 GIVE THIS FORM TO THE CLIENT

The CLIENT must call 903.597.5334 and make an appointment before coming to Cornerstone at 200 N. Beckham.

	E. Gentry	
	E. Erwin	
Broadway	 Cornerstone	Beckham
	E. Front	