



APPOINTMENT REQUEST FORM

CLIENT: Please PRINT and complete the following information.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Clothing Sizes: Blouse/Blazer: _____ Skirt/Pants: _____

The following information is strictly confidential and will be used for statistical purposes only.

(Please check one in each category)

Age:

Under 21 _____

21-29 _____

30-39 _____

40-49 _____

50 or older _____

Race:

African American _____

Asian _____

Caucasian _____

Hispanic _____

Other _____

Marital Status:

Single _____

Married/Partnered _____

Separated/Divorced _____

Widowed _____

Children (living in your household): Yes ___ No ___

Currently Receiving Public Assistance (including foodstamps, WIC, or TANF): Yes ___ No ___

Education (please check highest level completed):

GED Yes ___ No ___ In Progress ___

High School Diploma Yes ___ No ___ If No, grade completed _____

College Degree Yes ___ No ___ If Yes: Associate ___ Bachelor ___

Advanced Degree Yes ___ No ___ If Yes, please specify: _____

REFERRAL ORGANIZATION: Please PRINT and complete the following information.

Job Interview Date: _____ Employer: _____ Position Applied for: _____

How long has the client been with your program? _____

Referral Organization Information

Referral Organization: _____ Staff Name: _____

E-mail: _____ Phone: _____

To Request an Appointment, e-mail this completed form to pwarda@bottomlessclosetnyc.org