



## Post-Employment Appointment Request Form

**Please print the following information in the box:**

Client Name: \_\_\_\_\_ Email: \_\_\_\_\_

Best Number to reach Client: (Circle One: Home/Cell/Other) \_\_\_\_\_

1<sup>st</sup> Appointment Date: \_\_\_\_\_

If did not come for 1<sup>st</sup> appointment, please state reason: \_\_\_\_\_

Please check requested appointment time\*:

Day Appointment \_\_\_\_\_

Evening Appointment \_\_\_\_\_

\* Please request a day appointment only if client does not work during the day. **We will not schedule a day appointment for a client if she will have to miss work in order to attend.** We have evening appointments once a week to accommodate these clients. Day appointments are only for clients who have not started their job or work evening hours.

### Client Employment Data

Employer Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Workplace Phone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Wage/Salary: \_\_\_\_\_

Number of Hours a Week: \_\_\_\_\_ Check if a temporary position \_\_\_\_\_

### Referral Organization Information

Referral Organization: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Staff E-mail: \_\_\_\_\_

Staff Phone: \_\_\_\_\_

**Referrals by Appointment Only**  
E-mail Request to: [arose@bottomlessclosetnyc.org](mailto:arose@bottomlessclosetnyc.org)