

CAROLINA CROSS CONNECTION PROJECT REFERRAL SHEET



FAMILY INFORMATION

Name: _____ Phone: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Work is never guaranteed. Projects are contingent on distance from our locations, budgeting allowances, and ability to complete the job requested.

WORK REQUESTED

Please check all that apply. If more than one, please number in order of need.

Wheelchair Ramp

Yard work

Porch

Painting

Steps

Housework

Additional Comments: _____

COMMUNITY CONTACT INFORMATION

Agency/Company: _____

Contact Name: _____

Contact Phone: _____

E-mail Address: _____

Should we contact you before contacting the family? Yes No

Questions? Contact us today! (P): (980) 439-4514 (F):(844) 363-2595
referral@carolinacrossconnection.org