



Fax: 719.358.2060
Phone: 719.495.5191

Email: Joy@JoyMaries.org
www.JoyMaries.org

Official Referral to Receive Clothes that Fit for a Child in Need

Parent(s) or
Guardian(s) Name: _____ Date of Referral: _____
First Last

Confidentiality:

Because the majority of our children are in the foster care or are living in out of home care, we only use the first name of each child in ALL of our contact and data keeping. We also limit all contact information to phone and email. We do not ask for a home address.

Contact Information:

Phone Number to Try First: _____

Optional Phone Number to Try Second: _____

Email Address: _____

Children's Information:

First Name	DOB	Grade	Shirt Size	Pant Size	Shoe Size

Referred by (please print name of agency): _____

Name of Person Making Referral: _____

Title: _____ Contact Phone: _____

I attest that the above listed Child/Children is/are enrolled in (Please check one: ☐ foster care or ☐ other qualified program (please list) _____). JoyMarie's may verify enrollment at time of appointment.

Signature: _____ Date: _____

Attention Parent/Guardian: Please call JoyMarie's in advance for an appointment at 719.495.5191. Please have this form in hand and filled out when you call. We will need all information filled out to have the appropriate sizes on hand when you arrive. You can also send the form via fax 719.358.2060 or email to joy@joymaries.org.