

**The Salvation Army Community & Family Services
2020 Christmas Campaign for Hampers & Toys Referral Registration Form**

| Section A: Referring Agent Information | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|-----|--|--|--|-----------|--|--|--|--|--|-------------|--|--|--|--|--|--|
| Name of Organization and Department /Program | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | Last Name | | | | | | | | | | | | |
| Position/Title | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel | | | | | | | | Ext | | | | Fax | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | Postal Code | | | | | | |
| Email address | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Please provide The Salvation Army with the following information about your agency:</p> <p><input type="checkbox"/> We are able to refer individuals within our service area who may not access services through our agency</p> <p><input type="checkbox"/> We are only able to refer individuals who access services through our agency</p> | | | | | | | | | | | | | | | | | | | | | | | | |

| Section B: Referral Purpose | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>This agency refers clients to the Christmas Campaign for Hampers & Toys for (check all that apply):</p> <p><input type="checkbox"/> Gift Cards for clients to purchase food</p> <p><input type="checkbox"/> Gift Cards for clients to purchase toys</p> <p>Referral preference: <input type="checkbox"/> I prefer to fax completed referral forms <input type="checkbox"/> I prefer to complete online</p> <p>Report preference: <input type="checkbox"/> I prefer to send/receive by fax <input type="checkbox"/> I prefer to send/receive by email</p> | | | | | | | | | | | | | | | | | | | | | | | | |

I am an authorized referring agent of the above agency. I have obtained all of my clients' approval to share personal information with The Salvation Army and any other social agency.

Signature

Date

**** Please forward the completed form to Catherine Pollitt via Fax: 613-548-8562 or Email: cfsrep1@kingstonsa.ca. Please also mail or drop off this hard copy to 342 Patrick Street, Kingston, ON K7K 6R6 (Attention Catherine).**