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**LIFT-Boston**

**Client Referral Form**

**Referring Organization Information**

Date:

Referring Organization:

Contact Name:

Contact Phone Number:

Contact Email Address:

Relation to Client: (Counselor, Caseworker, etc.)

**Client Information**

Client Name:

Client Phone Number:

Client’s Preferred Language:

Does client already have an appointment with LIFT?

□ Yes, we called to make an appointment together

□ No, LIFT should follow up by calling client

Which office would the client like to be referred to?

□ Somerville

□ Cambridge

□ Roxbury

Client’s Primary Need: (Housing, Employment, Application for Public Benefits)

Please provide any important information that you feel will help us better assist this client:

**Please fax or email this form to the office of your client’s choosing.**

**Roxbury Office**

339 Dudley Street

Roxbury, Dudley Sq.

(P) (617) 427-1155

(F) (617) 427-1125

boston@liftcommunities.org

366 Somerville Ave.

Somerville, Union Square

(P) 617-591-9400

(F) 617-591-9411

somerville@liftcommunities.org

**Cambridge Office**

19 Brookline Street

Cambridge, Central Square

(P) 617- 349-6294

(F) 617- 349-6333

cambridge@liftcommunities.org

366 Somerville Ave.

Somerville, Union Square

(P) 617-591-9400

(F) 617-591-9411

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**Somerville Office**

366 Somerville Avenue

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