

United Way of Greater St. Louis, Inc.
2-1-1 Missouri
Information and Referral Services

**EMERGENCY LEVERAGE FUND
CLIENT REFERRAL FORM**

Please complete all sections and fax to **211 Missouri (314) 436-4295 (Fax)**

Referring Agency:

Name of Agency/Organization

Caseworker Name

Date

Caseworker E-Mail

Phone

Client/Household Information

Client Name

Phone

Address

City, State

ZIP

Social Security Number

Age of Client

of Adults

Ages of Children

Monthly expenses:

	Typical Monthly Payment	Amount Behind
Rent/Mortgage		
Utilities: Gas		
Utilities: Electric		
Car + Car Insurance		
Childcare		
Food		
Other Utilities: Water/Sewer/Phone		
Medical/Prescriptions		

Other		
TOTAL		

Client's Last Name _____

Describe the household's monthly income:

Does the client receive food stamps? Yes No Amount _____

Income when NOT in crisis		Income during this crisis	
Source/Type	Amount	Source/Type	Amount
TOTAL		TOTAL	

Describe the client's situation. What circumstances led up to the current crisis?

What is YOUR agency doing for this client? What other agencies are involved and how much have they pledged towards this need? Include any payments client will be making.

Amount requested from United Way (max. \$300): _____ **Leverage Amount:** _____
 (Client, your agency and/ or other Agency pledges)

Make Check Payable to: (Cannot be payable to client or your agency)

Name: _____ Phone: _____

Address _____ City/State _____ ZIP _____

Account Number: _____

Questions? Call Debbie Fagin, Call Center Manager (314) 242-1801 or Margaret Sullivan, Call Center Supervisor, (314) 242-1802