



# Hunger Free Colorado Referral Form

## Instructions

Use this form to refer individuals or families who would like a call from Hunger Free Colorado to learn about food assistance resources. The referrer completes Section One. The client or patient completes and signs Section Two. The referrer faxes the completed referral form to 1-855-855-6696

## Section One: Completed by REFERRER

Name of Person Giving Referral: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Referral Date: \_\_\_\_\_

## Section Two: Completed by Client / Patient

**Yes, I would like food assistance and for a Hunger Free Colorado staff member to call me.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Best Times to Call? Morning Afternoon      May We Leave A Message? Yes No  
Email: \_\_\_\_\_

Language: English Spanish Other: \_\_\_\_\_

Are you hearing impaired and need assistance? Yes No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Fax this Referral Form to: 1-855-855-6696**  
Questions about Hunger Free Colorado: Please call 1-855-855-4626

**Confidentiality Notice:** This facsimile contains confidential information. If you have received this in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy or distribute.