

Vine + Branches
Referral form

Date Referred: _____

Referring Agency: _____

Name of person making referral: _____

E-mail address: _____

Phone Number of agency : _____ Fax #: _____

Name of person/family being referred : _____ Pronouns: _____

Phone number of person/family being referred : _____

Number of family members being referred : _____

Sex/sizes of person and family members being referred:

Special Needs/Household Needs : _____

Appointment Date : _____

To the person being referred to Vine + Branches:

Before you come to Vine and Branches, **please call for an appointment**. We do **NOT** make appointments when the store is open to the public on Wednesday evenings, Thursday afternoons, and Saturday mornings. We schedule **ONE-TIME** free appointments on Tuesdays, Wednesdays and Thursdays and usually allow 1 hour for each appointment. This is a time set aside specifically for you. If riding the bus, the **5E** bus passes Hope Church. Please enter Door #1. You will find Vine and Branches down the hallway to the right.

YOU MUST BRING THIS COMPLETED REFERRAL FORM WITH YOU OR HAVE IT SENT TO VINE + BRANCHES BEFORE THE APPOINTMENT.

This service is a ministry of Hope Presbyterian Church
7132 Portland Avenue South, Richfield, MN 55423
VINE + BRANCHES DIRECT PHONE LINE: 612-866-1359
vineandbranches@hope-pc.org
(Hope Church Main Phone Line: 612-866-4055)