

# Community Clothes Closet Resource Referral



**Address:** 1465-B Opportunity Way, Menasha, WI  
**Phone:** 920.731.7834  
**Email:** info@communityclothescloset.org

To shop at our Menasha location, an agency representative must complete this form. Once completed, the form may be emailed to [info@communityclothescloset.org](mailto:info@communityclothescloset.org) or may be brought by the client to their first shopping visit. An ID for the Head of Household is required at the first visit.

**Client Shopping Hours:**

**Monday, Tuesday & Thursday: 10AM – 12:45PM**  
**Monday Night: 6PM – 7:45PM**

Once referred, the client may shop twice a month for a year.

## HEAD OF HOUSEHOLD (HOH)

\_\_\_\_\_  
 First Name                      Last Name                      Date of Birth                      Gender

\_\_\_\_\_  
 Address                      Ethnicity                      Married                       Single

\_\_\_\_\_  
 City                      Zip Code                      County                      [Area Code] Phone Number

\_\_\_\_\_  
 Email

## HOUSEHOLD MEMBERS (MUST LIVE AT ADDRESS ABOVE)

First Name	Last Name	Relationship to HoH [child/spouse/relative]	Date of Birth	Ethnicity	Gender

Agency \_\_\_\_\_ Agency Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note: an original signature from the referring agency is required for referral to be valid.**  
**This referral will be valid for 6 months from the date it is signed.**