

Client Referral Form: HARRISBURG

29 South 10th Street, Harrisburg, PA 17101
Phone (HBG): 717-232-1333 ext. 102
Fax 717-232-1332 (CALL before FAXING)

STC Office Use Only:

Coordinator Verified _____ Database Entered _____
Suiting Entered _____ PAWW Letter Sent _____
Photo Release _____

Revised 10/26/16

REFERRAL AGENCY INFORMATION

Program/Agency: _____ Contact Name: _____
Telephone: _____ EXT _____ Contact Email: _____ Date: _____

Instruct clients to arrive **on time** and **arrive alone** or they will not be suited. **NO CHILDREN OR VISITORS ALLOWED.**

CLIENT INFORMATION (ALL information required)

SS#: _____ Date of Suiting: ____/____/____

Client Name: _____

Address: _____ Apt # _____

City _____ State _____ Zip _____

Home phone: (____) _____-____ **Interpreter Assistance Needed?** Yes (What language? _____)

Cell phone: (____) _____-____

Email Address: _____

DOB ____/____/____

Ethnicity (circle one): African American Black Hispanic Asian Caucasian/White Other _____

Marital Status (circle one): Single Married Divorced Separated Domestic Partner Widowed

Education completed (circle one): 9 10 11 12 GED Technical School Some College AA Bachelors Masters

Family Status: # of Children _____

Children Live with Client? _____

Housing Status (circle one): Rent Own Lives w/Others Homeless/Shelter Section 8 Group Home Work Release

Cash Assistance: Yes No **SNAP (Food Stamps):** Yes No

Annual Household Income: \$ _____ **# Living in Household** _____ **U.S. Veteran?**

Height: _____ feet _____ inches **Special Attire Request:** _____

SIZING FOR FEMALE CLIENTS

Suit: 0 2 4 6 8 10 12 14 16 18 20 22 24 26 28 30 32 34

Shoe: 5 5.5 6 6.5 7 7.5 8 8.5 9 9.5 10 11 12

SIZING FOR MALE CLIENTS (Measurements are required before suiting)

Jacket size: 36 38 40 42 44 46 48 50 52 54 56 58 60

Waist size: 29 30 31 32 33 34 35 36 37 38 39 40 42 44 46 48 50 52 54 **Outseam Measurement:** _____

Shirt size: 14-14.5 15-15.5 16-16.5 17-17.5 18-18.5 19 **Sleeve length:** 32/33 34/35 36/37

Shoe size: 7.5 8 8.5 9 9.5 10 10.5 11 11.5 12 12.5 13 14

Interview Suit: Interviewer: _____ Interview date: ____/____/____ Position: _____

Training Suit: Training Site: _____ Start date: ____/____/____ Position: _____

Employment Suit: Employer: _____ Start date: ____/____/____ Position: _____

PERSONAL SHOPPER: _____ Client Signature: _____