

1 N Maple Avenue, Milford, Delaware 19963 Phone: (302) 422 3033 Fax: (302) 422-3272

## BEDS FOR KIDS OUTREACH REQUEST FORM

- \*Must be completed by an *approved referral source*. All communication is between the referral source and God's Way.
- \*Please fill out form *completely* and fax form to the office.
- \*You will be contacted if request is accepted by God's Way.
- \*Beds can only be picked up by referral source or individual referred.
- \*Maximum of 2 beds granted per family.

## **ACCEPTED REFERRAL SOURCES:**

*Division of Family Services	*Approved School District Representative	ve
Date:		
Referral Source Name:		
Title:	Phone:	
Agency:		
Name of Recipient:		
How many children:	# of beds requesting:	
Are children living with recipier		ec
up/delivered:	Will referring agency be assisting with	
	If yes, how much? Paid?	
Signature of referral source:		
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	OFFICE USE ONLY	
Request accepted? Yes No	Mattress(es) transferred to another location	?
	ave received mattress(es) from God's Way. I Beds for Kids outreach and I accept	
Signature	Date	