



Client Referral Form

Novato Human Needs County of Marin Local Church Referral
 Adopt a Family Living Room Homeward Bound
 Center for Domestic Peace

Today's date: _____ Case Manager Name: _____

Referring Agency: _____ Case Manager Email: _____
Phone: _____

Client Name: _____ Client Phone: _____
Email: _____

Employed: Yes No

Client Signature: _____ Date: _____

* By signing you are giving your case manager permission to share your information with Gilead House. Thank you.

Please email referrals to kiewanie@gileadhouse.org. Your client will be contacted directly to schedule an appointment. Should you have questions please contact Program Coordinator at 415.895.5575 Monday-Thursday 9 am – 4 pm.

In Office Use:

Date received: _____

Appointment date & time: _____