

# Referral Form for Cooperative Christian Ministry

246 Country Club Dr Concord, NC 28026  
 Phone (704) 786-4709 Fax (704) 785-8075

## PLEASE CALL FOR APPOINTMENT

(PLEASE SHOW THIS FORM WHEN YOU ARRIVE AT THE OFFICE)

Date: \_\_\_\_\_ Client \_\_\_\_\_

\_\_\_\_\_ can assist the client with \$\_\_\_\_\_ towards his/her \_\_\_\_\_.

Please evaluate for assistance with \_\_\_\_\_ through your agency.

\_\_\_\_\_ cannot help the client at this time.

Worker's name \_\_\_\_\_ Ext: \_\_\_\_\_

## Information required for CCM Assistance

### 1. IDENTIFICATION AND PROOF OF RESIDENCE

\_\_\_\_ Driver's License  
 \_\_\_\_ Social Security Card  
 \_\_\_\_ N.C. Identification Card

### 2. PROOF OF INCOME

\_\_\_\_ Check Stubs for the current month and previous month  
 \_\_\_\_ Income Statement from work  
 \_\_\_\_ Social Security award letter (Disability, SSI, or Veteran checks)  
 \_\_\_\_ Retirement check stubs  
 \_\_\_\_ Child support receipts  
 \_\_\_\_ Unemployment Stubs or Printout

### 3. PROOF OF EXPENSES

\_\_\_\_ Paid Receipts- expenses you have paid in the current month and previous month

Ex: \_\_\_\_\_

\_\_\_\_ Unpaid Bills- which are now due. Bring those you need help with and those you don't need Help with.