



Single Stop Referral Form

_____		_____	
Employee Name		Company	

Home Address			
_____		_____	_____
Preferred Phone Number		Language	Date of Birth
Best Time to Call:	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evenings	

SF Works partners with Single Stop, an organization which assists employees in applying for and receiving community benefits. By signing this form, you grant permission to SF Works to send your personal information to Single Stop for the purpose of helping you apply for these benefits.

Based on your SF Works screening, you may be eligible for one or more of the following benefits:

- Financial Counseling (Check all that apply)
 - Credit and Debt
 - Budgeting
 - Savings
 - Other _____
- Food Assistance (including Food Stamps, WIC and School Meals)

Please refer me to the most convenient Single Stop location:

- Compass Community Services, 995 Market Street, 6th Floor (Civic Center)
 - Genevieve Ray, 415-442-5130
- Communities of Opportunity, 1800 Oakdale Ave, Rm 300 (Bayview Hunter's Point)
 - Temple Byars, 415-230-9604
- Wu Yee Children's Services, 888 Clay Street (Chinatown)
 - Winnie Kwei, 415-321-3832
- Homeless Prenatal Program, 2500 18th St (Potrero Hill)
 - Melissa Rosa, 415-546-6756 ext. 365

Once you sign this form, SF Works will send your information to Single Stop. Single Stop will then contact you by phone to set up an appointment to apply for the benefits you are interested in receiving. Single Stop will NOT share your information with any other organization without your permission.

I grant permission to SF Works to refer me to Single Stop to help me apply for one or more of the benefits above.

Employee Signature

Date