



## Reid Temple Restoration Center, Inc. Referral Form

**Directions:** Please fill out the form as completely as possible before making a referral to the Restoration Center. Upon completion you may submit the form in a sealed envelope in the Restoration Center mailbox located in the Go Tell It Center. Thank you in advance for your cooperation.

Today's Date: \_\_\_\_\_

### Basic Information

Name \_\_\_\_\_ Gender: M / F    DOB: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_ Cell # \_\_\_\_\_

May we leave messages for you at: **Home** Y / N    **Work** Y / N    **Cell** Y / N

### Marital Data (if applicable)

Marital Status:  Single     Married     Divorced     Separated     Widowed

Spouse's name (if applicable): \_\_\_\_\_ Age \_\_\_\_\_

### Children (if applicable)

Name

Age



Are you a member of Reid Temple?  Yes     No

#### **For Reid Temple members:**

Which service do you attend on a regular basis?  7:30 a.m.     9:30 a.m.     10:30 a.m.     6:00 p.m.

Of the two locations, which location do you attend the most?  Glenn Dale     North

Do you attend Bible Study 3 or 4 times a month?  Yes     No

#### **For non – Reid Temple members:**

Please share the name of your place of worship. \_\_\_\_\_ or  Not Applicable

Please share how you learned about Reid Temple.  Church     Friend     Internet     Telephone book

**Referral Information**

Name of Person making the Referral: \_\_\_\_\_

Name of Ministry or Organization: \_\_\_\_\_

Please indicate your relationship to the individual/s being referred: \_\_\_\_\_

If the person being referred is a minor, have you contacted his/her parent or guardian?  Yes  No

**Reason for Referral**

Please share the reason for the referral.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please print and sign your name below.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

**FOR OFFICIAL OFFICE USE:**

**Referral Received:**

Date: \_\_\_\_\_ Location: Glenn Dale North

**Signature of person in receipt of the form:** \_\_\_\_\_

**Printed name of person in receipt of the form:** \_\_\_\_\_

**Is follow-up needed?** Yes No

**Date of follow-up:** \_\_\_\_\_

**Action Taken:** \_\_\_\_\_