

## The Donations Clearinghouse

[DCH@cmhaonline.org](mailto:DCH@cmhaonline.org)  
774-243-3805

### **DCH Client COVID-19 Referral Form** *Temporary Protocol*

**The documentation listed below must be sent via fax or email:**

- A letter, on letterhead, from the shelter, transitional housing program or other social service agency confirming the need for furniture
  - This form , filled out and signed by case manager

**Client Information:**

HOH Name: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Client Email: \_\_\_\_\_

**Referring Agency Information:**

Agency Name: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CASEWORKER: please send completed form and letter to:

Email: [DCH@cmhaonline.org](mailto:DCH@cmhaonline.org) / Fax: 774-243-3855