



SENECACREEK  
COMMUNITY CHURCH

### Gaithersburg CARES Hub Referral Form

Client First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Best Email: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Client Telephone Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

Number of Adults in Household: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Number of Seniors: \_\_\_\_\_

Infant Supplies Needed:  Yes  No Infant Details: \_\_\_\_\_ Diaper Size: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Apartment Complex: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Interested in Prepared Meals?  Need Health Kits?  Need Pet Food?

Other Information \_\_\_\_\_

\* \* \* \* \*

Referred By (Name): \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Contact Number for Referring Agent: \_\_\_\_\_

Submit via email to: [GaithersburgCARESHub@gaithersburgmd.gov](mailto:GaithersburgCARESHub@gaithersburgmd.gov)

Questions? Call 301-258-6395