



Referral from DFA to External Organization Form

This form is for the Department of Financial Assistance to refer an applicant, recipient or household member of financial assistance to another community organization.

Name of Household Member

<input type="text" value="First Name"/>	<input type="text" value="Middle Name"/>	<input type="text" value="Last Name"/>
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Date of Birth of Household Member

Contact Number for Household Member

Contact Email for Household Member

Name of Organization Being Referred to

Contact Name in External Organization

What is the purpose for the referral?

Referring DFA Officer

DFA Officer Contact Email

Has the recipient been made aware of this referral?

Yes No

If the organization has its own referral document, has it been completed and included with this?

Yes No N/A

DFA Officer Signature

Date

If you would like to learn more about the Department of Financial Assistance or get in touch, you can visit us online at dfa.gov.ky or send an email to dfainfo@gov.ky.