



Christmas In Action
Building Hope in Your Community



HOMEOWNER REFERRAL FORM
Christmas in Action Community Service Event
Saturday, April 26, 2008
Please submit by April 18, 2008

Homeowner Information:

Name of Homeowner(s)

Property Address

Phone Number

Homeowner Qualifiers

Elderly

Physical

Financial

Pertinent Information concerning family situation and general condition of house. (Include names and ages of all people residing in the home)

Description of work to be done (Please be as specific as possible)

What can the homeowner and family members do to assist on the repairs to the home?

Is the homeowner aware of this referral? Yes or No.

Please explain that this is a one-day program, that the work is done by volunteers, that able-bodied relatives living with the homeowners are requested to work on the project and that we do not guarantee that all work will be done.

Referrer's Information: Name, phone number and e-mail address of the person submitting this referral:

Priority is given to low-income, elderly & physically challenged home owners who cannot perform the repairs themselves and have no able-bodied family members to do the work. Recipients are asked to welcome volunteers into their homes and share in this neighbor-helping-neighbor program. This form is available online at: www.christmasinactionsaline.com/Referral_Form.html

For questions contact: Milan: Pam Palmieri at 734-439-0354 / Saline: Les Rowe at 846-2194