

Clothes To Kids of Fairfield County
Referral Form

Updated: February 26, 2025



To be completed by referring agencies/approved community advocates only
Please fill in completely and sign

Please use this form to refer a family **in crisis**—due to natural disaster, homelessness, or displacement—to receive clothing from Clothes To Kids of Fairfield County. This referral provides proof of eligibility for *only the first appointment* to shop. All subsequent appointments will require proof of financial assistance. Please review the “Shop With Us” eligibility guidelines on our website, clothestokidsfairfieldcounty.org.

Each eligible child may visit our store twice in a 12-month period, to shop for a week’s wardrobe of school clothes. We serve students attending Fairfield County schools, in grades K–12. We do not serve children not yet in kindergarten or younger than 4 years old, even if attending daycare or Headstart. Thank you for helping us reach children in need of school clothing!

Date _____ **Referral expires two months from date**

Name of Referring Agency _____

Parent/Guardian Name(s) _____

Parent/Guardian Email _____

Parent/Guardian City _____ Zip _____ Phone _____

Parent/Guardian Speaks: English ____ Spanish ____ Other language: _____

Student Full Name	School	Grade	Date of Birth

I am familiar with the family above and can confirm that all students listed are enrolled in Fairfield County schools, in grades K-12, and can verify their needs.

_____ Agency Representative Signature
Name of Agency Representative (please print)

_____ Email
Title of Agency Representative Phone

Important Next Steps:

1. Email this completed and signed form to kathianner@clothestokidsfairfieldcounty.org. Please include the parent/guardian’s full name in the subject line.
2. Please have the parent or guardian complete our “Register To Shop” form available online at clothestokidsfairfieldcounty.org/shop-with-us/, or scan the QR code here →→→
3. Once we receive this referral and the “Register to Shop” form from the family, our Appointment Scheduler will contact the parent/guardian to set up an appointment to shop.
Reminder: This referral provides proof of eligibility for the first appointment only. All subsequent appointments will require proof of financial assistance, as indicated on our website.
4. CTKF Store: DOMUS Building, 83 Lockwood Avenue, Stamford CT 06902 (parking lot & entrance at 15 Frank Street)

