

BestFootForward™ @ Julia West House

Email: BFF@Juliawest.org Phone: 503-916-4009 Fax: (503) 406-4145

Date Referred: _____ Expiration date _____ (7 days = "no book")
 Referring Agency Information

Agency Name _____	Phone _____
Referring Agent Counselor/Caseworker _____	Email _____

CLIENT PERSONAL INFORMATION (Confidential)

Client's Name _____ Contact info* _____

(*Client must contact BFF to arrange appointment within 7 days of referral.
 BFF ONLY contacts the client **if** BFF must **RESCHEDULE** appointment arranged by client)

CLIENT'S RESUME: FAX/eMAIL HAND DELIVERED OTHER (SPECIFY) _____

Client's Approximate Sizes

Shirts	Small (14)					Medium (15)				Large (16)			XL (17+)
Slacks (waist)	28 / 30 / 32					34 / 36 / 38				40 / 42 / 44			
Slacks (length)	28	29	30	31	32	33	34	35	36				
Shoe	8	8½	9	9 ½	10	10½	11	11½	12	12½	13	13½	

BFF office use only (all areas below)

Date for Client Appointment _____ / _____ / _____ NO SHOW

Monday			Tuesday				Wednesday				Thursday			
9:00	9:30	10:00	10:30	11:00	11:30		1:00	1:30	2:00	2:30	3:00	3:30	4:00	

Comments _____

BFF Consultant's Signature _____

Guest's Signature _____

Item	Shirts	Slacks	Jackets	Shoes	Ties	Suits	Blazers	Belts	Sox	Other
Qty										
Size										