

## Kids in Distress Services, Inc.

1114 South 7<sup>th</sup> Street  
St. Clair, MI 48079  
Phone: (810) 326-4505 Fax: (810) 326-4506  
Hours: 9:00 am to 1:30 pm (Mon, Wed, Fri)

**Bring your own bags or boxes**  
**Only faxed referrals will be accepted**

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Date of Referral: \_\_\_\_\_ Expires in 90 days

Person Making Referral: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian Name being referred: \_\_\_\_\_

Phone: \_\_\_\_\_

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### **\*PLEASE BRING PHOTO ID**

Child(rens) Name(s) Last/First	Gender	Age
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

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### **\*Socks, shoes & underwear once every six months**

Additional items needed / not just wanted; please be specific:

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