



OCA Resource Store Referral

Name: _____ Date: _____

Address: _____

Phone: _____ Is delivery needed? _____

Please check types of items needed:

Baby Care

_____ Diapers: size _____
_____ Clothes: boy/girl, size _____
_____ Wipes
_____ Toys
_____ Stroller
_____ High chair
_____ Crib
_____ Books
_____ Blankets
_____ Bottles

Household

Bedroom:
_____ Bed
_____ Dresser
_____ Bed linens, blankets

Kitchen:
_____ Table/chairs
_____ Pots/pans
_____ Dishes
_____ Silverware
_____ Sm. Appliances

Miscellaneous

_____ Cleaning supplies
_____ Bathroom towels & washcloths
_____ Decorative Items
_____ Professional Clothing

_____ Towels/cloths
_____ Cooking Utensils

Living room:
_____ Couch
_____ Chairs
_____ Tables
_____ Lamps

Reason for referral: _____

Referred by: _____ (print) Phone: _____

Signature: _____ Date: _____

Please fax this form to 502-253-9304 or mail to 14701 Isleworth Ct., Louisville, KY 40245. We will contact the referred to set up an appointment.