

**Community-Based Organization (CBO)
Referral to Ramsey County Financial Assistance Services**

Goodwill Coordinator name: _____

HIRED Coordinator name: _____

PPL Coordinator name: _____

Catholic Charities Coordinator name: _____

Merrick Coordinator name: _____

Referral date: _____

Participant name: _____

Participant address: _____

Attention Financial Worker:

This individual is a CBO participant and may be eligible for the Supplemental Nutrition Assistance Program (SNAP).

If SNAP is approved:

- Please send a manual WF1 referral and note the community-based organization name in Comments.

Thank you.