



Circle Leader Referral Form

Date: _____

Participant's Name: _____

Participant's Address: _____
Street Address City State Zip Code

Participant's Phone Number(s): _____

Referral Source Agency: _____

Referral Source Contact Name: _____

Referral Source Contact Phone #: _____

How many in the household? _____

Participant meets the following criteria (check all that apply):

- _____ Is below 185% of the federal poverty guidelines and receives public assistance
- _____ Does not receive disability assistance or wants to discontinue disability assistance
- _____ Is not in major crisis (untreated mental illness or drug/alcohol addiction, domestic violence situation, homeless); major crises have been stabilized
- _____ Participant has given permission for Circles® staff to talk to referring source about participant's life situation, strengths and barriers.
- _____ Is willing to work with others to become self-sufficient, i.e., independent of public assistance

Brief description of current strengths/barriers: _____

Note: Potential Circle Leaders must also complete and submit an application.

Please mail or fax or e-mail to:

The Deep Well Project
80 Capital Drive
Hilton Head Island, SC 29926
Fax: (843) 785-4214
Circles@deepwellproject.org