



# COMMUNITY REFERRAL FORM



Helping People. Changing Lives.

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

To: Charleston County Human Services Commission

P.O. Drawer 20968  
 Charleston, SC 29413-0968  
 Phone: (843) 724-6760  
 Fax: (843) 724-6778

**County of Residence\* :**  
 \_\_\_\_\_ Charleston  
 \_\_\_\_\_ Berkeley  
 \_\_\_\_\_ Dorchester

Mail or fax to: Customer Service, Attn.: Felicia Goodwine;  
 or Email to: fgoodwine@cchsc.com

The mission of Charleston County Human Services Commission is to serve the economically disadvantaged and under served residents of Charleston, Berkeley, and Dorchester Counties by decreasing the causes and condition of poverty, increasing self-sufficiency and developing strategies to ensure a better quality of life.

The Individual/Household Member identified below

\_\_\_\_\_  
 Name of Referred

\_\_\_\_\_  
 Head of Household

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone

Have you ever received assistance from us? \_\_\_\_ Yes \_\_\_\_ No

Community Partner/Referral Source:  
 \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

## CCHSC Referral Programs:

- Outreach
  - Energy: Lights, Heating, Air
  - Water
  - Rent / Mortgage
- Project Pride
  - Employment
  - Training
- Youth Education Enrichment
- Weatherization
  - \* includes Colleton County
- Housing
- Health and Nutrition
  - Food Vouchers
  - Medical/Dental services
  - Prescriptions
  - Screenings

Assistance is based on income eligibility and availability of funds.



Photo ID of applicant, Social Security cards of all household members, verification of total income of all household members age 18 and older for past 30 days. Income must be within eligibility guidelines. Zero income must be substituted with current job seekers verification and Benefits History statement from the Employment Security Commission. Utility bills must be in applicant's name. Additional requirements applicable for housing assistance.