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Toasty Tots Referral
Helping to keep children warm

PLEASE USE ONE FORM PER FAMILY

Date of Referral: _____

Parent's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

How would you like to get your coat: *check one*

- Contact me (parent) & I will pick up my order
- Contact referral source (listed below) & they will pick up the order
- I have no phone and will call Project Child to make arrangements

LIST THE CHILDREN BELOW YOU WOULD LIKE TO REFER *children must be under age 6 & not yet in kindergarten*

Child Name <i>list each child separately</i>	DOB	Weight	Length	Check One	Check All	Size Coat/boots	<i>FCFC Use Only</i>
				Coat	Hat		
				Boots	Gloves		
				Coat	Hat		
				Boots	Gloves		
				Coat	Hat		
				Boots	Gloves		
				Coat	Hat		
				Boots	Gloves		

Referral Source

Name: _____ Agency/Relationship: _____

Email: _____ Phone: _____

SIGNATURE VERIFYING RECEIPT OF ABOVE ITEMS:

Signature

Date