



## Getting Ahead in a Just Getting' By World Referral Form

revised10/21

- Does this person want to positively change their life?
- Is this person interested in furthering their education, gaining employment, seeking promotion opportunities or a new career?
- Is this person willing to work with others to become self-sufficient from public assistance?

If yes, to any of the above questions, please give G.A. info to the person and let them know you are referring them. Then, fill out and return the form to Marion Matters Inc.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for referral:

---



---



---



---



---



---

Referred by: \_\_\_\_\_

Date: \_\_\_\_\_

Please Return Referral Form To:

Michelle Ryman-Lillie – Program & Partner Family Coordinator @ [mr.marionmatters@gmail.com](mailto:mr.marionmatters@gmail.com)

(740) 223-2999, 810 Kenton Ave. Marion, Oh 43302