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Referral Form

- Build tools to help strengthen life and go from surviving to thriving.
- Help obtain education, employment, and/or promotion opportunities/new career.
- Receive a renewed sense of hope.
- Earn an incentive each session.

If interested in assistance fill out this form and return it to Marion Matters.

Name: _____ Age: _____

Street Address: _____

City: _____ Phone #: _____ Call or Text?: _____

Best time to reach individual? _____

Current barriers/problems: _____

Program being referred to (check all that apply):

- Getting Ahead Financial Literacy Resource Navigation

Potential Participant's Signature

Referred by: _____

Date: _____

Please return referral form to:

Program Coordinator, Michelle Ryman-Lillie

mr.marionmatters@gmail.com