

**Neat Stuff, Inc.**  
**2624 N.W. 21 Terrace**  
**Miami, FL 33142**  
**Ph:305.638.5878**  
**Fax:305.638.7617**

<http://neatstuffhelpskids.org>

Neat Stuff's mission is to distribute free, new clothing and school uniforms to neglected, abused, homeless, and other at-risk children. Remember, all families referred to Neat Stuff must have an open DCF case as that is one of our requirements for service unless they are currently homeless and/or residing in a shelter. In order for us to help these children, please make sure to include the DCF case number or DCF case worker information in any area of the referral. Please complete form thoroughly and return to Neat Stuff via fax or email. Please make sure to include a current active telephone number for the parent or legal guardian so we may contact them and schedule an appointment for them to visit our store and select clothing.

Roxana Cespedes  
Service Coordinator  
Neat Stuff, Inc.  
Office: 305-638-5878  
Fax: 305-638-7617  
[www.NeatStuffHelpsKids.org](http://www.NeatStuffHelpsKids.org)

#### **ADDITIONAL CONTACTS**

Lourdes Santos Executive Director Ph: 305.638.5878 Ext. 5 Fax: 305.638.7617 <a href="mailto:lourdes@neatstuffhelpskids.org">lourdes@neatstuffhelpskids.org</a>	Roxana Cespedes Support Staff Ph: 305.638.5878, Ext. 1 Fax: 305.638.7617 <a href="mailto:roxana@neatstuffhelpskids.org">roxana@neatstuffhelpskids.org</a>
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Leonardo Palacios Warehouse Coordinator Ph: 305.638.5878 Fax: 305.638.7617 <a href="mailto:leo@neatstuffhelpskids.org">leo@neatstuffhelpskids.org</a>	Danilsa Vargas Support Staff Ph: 305.638.5878, Ext. 1 Fax: 305.638.7617
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**REFERRAL PROCEDURE:**  
**1. FILL OUT FORM COMPLETELY**  
**2. FAX FORM TO 305-638-7617**  
**3. NEAT STUFF WILL CONTACT CLIENT TO SET SERVICE APPOINTMENT**

PLEASE PRINT CLEARLY-*INCOMPLETE FORMS WILL NOT BE PROCESSED*

<i>Client's Name</i>	<i>DOB</i>	<i>Gender</i>	<i>Shirt/Blouse Size</i>	<i>Pants Size</i>

Date: \_\_\_\_\_ Requesting Party or Agency: \_\_\_\_\_

Name & Phone Number of Requester \_\_\_\_\_

Circle Client's Placement: Home ~ Shelter ~ Relatives ~ Other Family Member\*

Name of Person Accompanying Child \_\_\_\_\_ Contact #: \_\_\_\_\_

Client's Address \_\_\_\_\_ City & Zip Code \_\_\_\_\_

For Neat Stuff Use Only

Appt. Date & Time \_\_\_\_\_

Staff Member's Name \_\_\_\_\_ Date: \_\_\_\_\_

Client's Signature \_\_\_\_\_ Date: \_\_\_\_\_