

**AGENCY REFERRAL FORM**

**FOR**

**APPLICATION TO TRANSITIONAL PROGRAM**

**(To be completed by the referring social/case worker)**

**Agency/Shelter Information**

Agency/Shelter Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Client Information**

List all members of the family that will reside in the household.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Full Name** | **Social Sec #** | **Sex** | **DOB** | **Employer Info** |
| **Client** |  |  |  |  |  |
| **Spouse** |  |  |  |  |  |
| **Other Adult** |  |  |  |  |  |

Children's information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** | **Social Sec #** | **Sex** | **DOB** | **School & Grade** |
|  |  |  |  |  |
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**Reason for homelessness (check all that apply)**

**\_\_\_\_\_**Unemployment \_\_\_\_\_Substance abuse

**\_\_\_\_\_**Transitioning from another location \_\_\_\_\_Mental health/illness

**\_\_\_\_\_**Relocation \_\_\_\_\_Domestic violence/dispute

**\_\_\_\_\_**Lack of affordable housing \_\_\_\_\_Health problems

**\_\_\_\_\_**Eviction/delinquent rent \_\_\_\_\_Chronic poverty

**\_\_\_\_\_**Release from jail or prison \_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Family currently housed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entrance date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client/family contact numbers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain client's circumstances below:

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Note any problems or areas of difficulty that have arisen during your involvement with the client and how each was resolved.

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Why would the client be a good candidate for the Community Lodgings transitional housing program?

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What is the client's work schedule and when would s/he be available for an interview?

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Transitional housing program name:

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*This transitional housing program must appear on the CoC's Housing Inventory Chart submitted as part of the more recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established transitional housing program).*