



THEPEOPLECONCERN
Because everyone should be housed, healthy and safe.

SHARED HOUSING SITES REFERRAL FORM

REFERRING PARTY		
Date:	Completed By:	
Phone:	Email:	
PROGRAM/TEAM INFORMATION		
Program:	Date of Graduation:	
Agency:		
Case Manager:	Phone:	Email:
Supervisor:	Phone:	Email:
Preferred Call Back: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thr <input type="checkbox"/> Fri <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings		

APPLICANT INFORMATION		
Legal Name:	Date of Birth:	
Phone:	CID #:	HMIS#:
Address/Shelter:		
<input type="checkbox"/> Individual <input type="checkbox"/> Family <i>If family, specify size</i> # of Adults: # of Children:		
Preferred Call Back: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thr <input type="checkbox"/> Fri <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings		

APPLICANT PROFILE	
Source of income:	
Current verified monthly income amount (in past 30 days):	
Verified amount saved in money management:	
Does applicant receive food stamps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant receive DHS/ICMS service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, is applicant DHS/ICMS eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant currently use drugs and/or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant get along well with others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant's current health condition(s):	

VOUCHERS	
What is the voucher subsidy price?	
Who is administering these vouchers?	
What size are the vouchers	
Does the subsidy have a time limit?	

REQUIRED ATTACHMENTS:		
VI-SPDAT completed and attached if available	Score: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult Short Assessment (ASA) or Adult Initial Assessment (AIA) completed in the past year		<input type="checkbox"/> Yes <input type="checkbox"/> No

Referral Completed by:
Referring Case Manager's Contact Info
Date Referral Completed:

Submit completed form to Leslie Lopez at leslie.lopez@thepeopleconcern.org