



# HARA Referral Form

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

### Client Information:

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

# of Adults \_\_\_\_\_ # of Children \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Have you ever served in the armed forces?                      Yes                      No

What is your housing need?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Referral Contact Information

Agency Name: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Complete and Return to HRI:

Fax: 269-382-6173 or scan and email to: [referral@housingresourcesinc.org](mailto:referral@housingresourcesinc.org)

For Office Use Only:

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

Staff Initials: \_\_\_\_\_

Date Client Contacted: \_\_\_\_\_

Staff Initials: \_\_\_\_\_