HARA Community Referral Form

Referral Instructions:
The following screening is for use by Community Partners that want to refer someone for housing assistance.

- **If you are working with a person in a housing crisis, as demonstrated by an eviction or homelessness, or the person is reporting attempting to flee a domestic violence or human trafficking situation, please fill out the following form and email it to HRI:** referral@housingresourcesinc.org or **Fax to (269) 382-6173**
  - A follow up call will be conducted within 2 business days to schedule an intake appointment if they qualify for services. Please be sure to inform clients to clear their voicemail of old messages to be able to take new messages in case they cannot answer when we call.
  - Sending this form to HRI does not guarantee that clients will be eligible for programs and services.
  - A Release of Information should also be sent with this form to discuss case with access worker.

Referral Information:

Date:

Agency Making the Referral:

Contact Person:

Contact Email: Contact Phone:

Please ask the client the following questions and assist them in filling out their responses:

Person being referred (Full Name):

Preferred Name:

Date of Birth: Last 4 digits of SSN:

Sex:

Race/Ethnicity:

Current Address: **Please enter the current address, or if no address is available, city where currently experiencing homelessness. **

Contact Number: Secondary Contact Number:

Email:

If you do not have access to phone or email, where could an outreach worker find you?

Are you currently receiving other services from Housing Resources, Inc.? ☐Yes ☐No

Are you being assisted by any other Agencies? ☐Yes ☐No

Please list agencies and services:

Household Information

Full Name	Date of Birth	Last 4 digits SSN	Race/Ethnicity	Sex	Relationship to Head of Household

Has anyone in your household ever served in the military? ☐ Yes ☐ No

If yes, who?

Are you currently working with any of the following agencies? ☐ Volunteers of America's SSVF Program ☐ Veteran's Affairs ☐ Kalamazoo County Veteran Services ☐ None

Does anyone in the household currently receive income? ☐ Yes ☐ No

If yes, please list who in your family receives the income, the income source (whether it's from SSI, Job, etc.), the amount and how often it is received:

Housing Information:

1) Are you currently Homeless? ☐ Yes ☐ No

Approximate Date Homelessness Began:

Where did you sleep last night?

How long have you stayed at this location?

How long can you remain at this location?

Are you currently homeless due to a concern for your safety, fear of violence or abuse from another person? ☐ Yes ☐ No

If yes, are you currently working with a DV Provider? ☐ Sylvia's Place ☐ Resilience ☐ None

2) If not homeless, are you currently facing eviction from rental unit? ☐ Yes ☐ No

Do you have a summons to court? ☐ Yes ☐ No *When is your next court date?*

Has a judgement been issued? ☐ Yes ☐ No *Date it expires:*

How much is your monthly rent? *What utilities do you pay?*

Do you receive any rent assistance, from a Housing Choice Voucher, Project Based Voucher or any other type of rent assistance program? ☐ Yes ☐ No *If yes, type of assistance:*

Landlord Name: *What is total amount owed to your landlord?*

HRI USE ONLY

Date Referral Received: _____

Access Team Member Who Reviewed: _____

Date Reviewed: _____

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