



## 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](mailto:referral@housingresourcesinc.org)**

- 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:*

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### 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?  YWCA  Other \_\_\_\_\_  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: \_\_\_\_\_