



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**
 - 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? ☐ 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: _____