

Shasta County HHSA Regional Services

Housing Referral Form

Instructions: Complete Parts 1-3 of form. Fax to (530) 245-7552 or mail to the Housing Support Program at 1220 Sacramento St. Redding CA 96001 Questions: 225-5802 Date Form Completed: ___/___/___

PART 1: Client Information

Name: _____ DOB: _____ Phone: _____ Msg ph? Y N

Address: _____

Speak English? _____ If no, what language? _____

Client agrees to be referred to HHSA homeless assistance programs, and information can be shared between HHSA and the referring party. Y N

Client Signature _____ Date: _____

Part 2: Housing Screening

1. Are you currently homeless? _____ 2. Where did you sleep last night? _____

3. Have you ever served in the armed forces: Y N

4. Do you believe you will be homeless in the next 14 days? _____

5. Do you have a HUD Voucher? Y N

6. Do you have a chronic medical condition? Y N If yes explain _____

7. Are you receiving CalWORKs? Y N If no why not? _____

8. If you are on CalWORKs, have you used your once in a life time emergency homeless assistance? Y N
If yes, when _____

9. Do you have an Eviction Notice? _____ 3 Day Pay or Quit _____ Court Order? _____

10. How many people will be living with you _____ Adults _____ Ages _____ Children _____ Ages _____

11. What is your Monthly Income: _____ Source of Income: _____

Part 3: Referring Agency Information Do you want info regarding the outcome of this referral? Yes No

Agency Name: _____ Date: _____

Referring Staff Name: _____ Title: _____

Phone Number: _____ Fax Number: _____

Comments:

Date referring party contacted: _____