

Shasta County HHSA Regional Services

Housing Referral Form

Instructions: Complete Parts 1-3 of form. Fax to (530) 245-7650 or mail to the HHSA Housing Programs at 2460 Breslauer Way. Redding CA 96001 Questions: 229-8486

PART 1: Client Information

Date Form Completed: ____/____/____

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? _____ **If NO, STOP. Call 229-8486 if you have further questions.**
2. Where did you sleep last night? _____
3. Do you have a HUD Voucher? Y N
4. Do you have a chronic medical condition? Y N If yes explain _____
5. How many times have you been to the ER or hospital in the last 3 months? _____
6. Do you have a disability? Y N
7. **If YES to #6**, have you applied for Disability Benefits? Y N If not, are you planning to apply? Y N
8. Have you ever served in the armed forces: Y N
9. Are you receiving CalWORKs? Y N If no why not? _____
10. If you are on CalWORKs, have you used your emergency homeless assistance? Y N If yes, when _____
11. Do you have an Eviction Notice? _____ 3 Day Pay or Quit _____ Court Order? _____
12. How many people will be living with you ____ Adults ____ Ages _____ Children ____ Ages _____
13. 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: