

Community Referral Form



Referral Instructions:

The following screening is for use by Oakland County community partners that do not use HMIS and 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 return it to Community Housing Network applicationdocs@chninc.net. If you are working with a youth (under 18) experiencing homelessness then please send this form directly to Lighthouse via email to Joseph Rusher at jrusher@lighthousemi.org

The screening will be conducted in three business days to determine eligibility for available programs and provide resources.

Please make sure that the client fills out the release of information and signs, directly below, in order to be able to share information. Information back to the referrer cannot be provided without the completion of the release of information section.

For others with a housing need, please have them call the Housing Resource Center directly at Phone Number: 248-269-1335 or (toll-free) 1-866-282-3119 or Email: HRC@chninc.net

Client Release of Information

I, _____, give permission to _____ (referring organization) to coordinate services related to my housing assistance through the Alliance for Housing. This may include disclosing or obtaining contact information, progress notes, homeless status, eligibility and general information needed to assist in resolving my housing crisis.

Client Signature

Date

This release expires one year from date of signature but can be revoked at any time by request

REFERRAL

Date: _____ **Agency Making the Referral:** _____ **Contact Person:** _____

Email: _____ **Phone Number:** _____

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: _____

Current City of Residence: _____ This is either the person's current ID or where they are experiencing homelessness

Oakland County ID? Yes No **Veteran?** Yes No

Contact Number: _____ **Secondary Contact Number:** _____

Email: _____

If no contact information, where could our outreach workers find you? _____

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Other Household Members

| Name | DOB | Relationship to Client |
|------|-----|------------------------|
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Are you literally homeless? (Defined by HUD Category 1) Yes No

Category 1 homeless includes those who are on the street, in a shelter, or an uninhabitable place such as a car or abandoned building. Please note that if the agency is paying for a motel, this also qualifies as homeless.

Are you fleeing/ attempting to flee domestic violence? (Defined by HUD Category 4) Yes No

Category 4 homeless includes those who are fleeing, or attempting to flee, domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.

Where did you stay last night? Street Shelter Abandoned Building Other: _____

Are you at risk for eviction? Yes No **Were you given a Notice to Quit?** Yes No

What is the rent? _____

What utilities are included? None Water Gas Electric

Income per month: _____

Types of Income (please circle those that apply):

- | | |
|-----------------|------------------------------|
| Employment | SS |
| Unemployment | Veteran's Disability Payment |
| Pension | Veteran's Pension |
| Child Support | Worker's Compensation |
| Spousal Support | TANF |
| SSI | MDHHS Cash Assistance |
| SSD | Other: _____ |

Are you being helped by any other social service organizations? Yes No

Please indicate the Agency and Type of Services:

