

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 Date Form Completed: _____)

PART 1: Client Information

Name: _____ DOB: _____ Phone: _____ Msg ph? D Y DN

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. D Y DN

Client Signature _____ Date: _____

Part 2: Housing Screening

1. Are you currently homeless? _____ If NO, STOP. 2. Where did you sleep last night? _____

3. Do you have a HUD Voucher? D Y D N

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

5. How many times have you been to the ER or hospital in the last 6 months? _____

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

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

8. If you are on CalWORKs, have you used your emergency homeless assistance? DY ON 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? D Yes D No

Agency Name: _____ Date: _____

Referring Staff Name: _____ Title: _____

Phone Number: _____ Fax Number: _____

Comments:

Date referring party contacted: _____