 1736 Family Crisis Center

**\*Housing Referral\***

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Resides in: (Please check one)

□Emergency Shelter Expected exit date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□Temporary Housing (Staying with friends/family)

□Unsuitable Living Habitation (car, park, abandoned building, street)

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt#\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_

Phone number ( ) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_. Is it safe to leave a message at this number?

□ Yes □ No (if left blank, no message will be left at the listed number).

Brief description of desired housing (single, 1, 2, 3 bedroom apartment, house, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What areas/cities are safe for the participant to reside in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Survivor of: (Please check one)

□Domestic Violence

□Human Trafficking

□Sexual Assault

□Dating Violence

□Stalking

Number of people in household: Adults\_\_\_\_ Children\_\_\_\_\_ Total\_\_\_\_\_\_\_

Is participant employed? Yes\_\_\_ No\_\_\_ Full-time\_\_\_Part-time\_\_\_\_ Monthly income? $\_\_\_\_\_\_

Benefits? Yes\_\_ No\_\_ Type of Benefit: 1.\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_& 2. \_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_

Other Income Sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_ Savings? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What barriers prevent participant from obtaining permanent housing? (Evictions, credit, income, undocumented)

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Referred By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone Number ( ) \_\_\_\_\_ \_\_\_\_\_\_ Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_