

SPA-8 Coordinated Entry System Referral Form

BASIC INFORMATION

First Name: _____ M.I. _____ Last Name: _____

Date of Birth: ____/____/____

Income: \$ _____/month

1. Current household status:

- ☐ Single Adult (Email to bjaijairam@harborinterfaith.org)
- ☐ Multiple Adults (Email to bjaijairam@harborinterfaith.org)
- ☐ Adult(s) with Minor Children (Email to Sharon Stewart at sstewart@harborinterfaith.org)
- ☐ Youth 16-24 years old (Email to Chris Jenne at cjenne@harborinterfaith.org)

Number of Household Members: _____

2. Observations that might be helpful to know about the person/family being referred (Optional)

Description of Person: _____

Special Needs: _____

Other: (Include comments such as preferred language, gender, etc.) _____

HISTORY OF HOUSING AND HOMELESSNESS

3. Most frequently used place to sleep:

- ☐ Outdoors ☐ Car/RV ☐ Shelters/Transitional Housing ☐ Motels/Hotels
- ☐ Imminently at-risk of homelessness ☐ Must Vacate Current Crisis housing program
- ☐ Client Doesn't Know ☐ Client Refused
- ☐ Other (Specify): _____

4. Number of months since the homeless individual/family lived in permanent stable housing:

_____ Months ☐ Client doesn't Know ☐ Client Refused

VETERANS

5. Service in the U.S. Military (Veteran):

- ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused

FOLLOW-UP QUESTIONS

6. Phone number, email address, and/or location that the service provider can use to contact the homeless individual/family:

Phone #: _____ Best Time to Reach: _____

Email Address: _____ Location: _____

7. City/region/intersection the homeless individual/family most identifies as their community.):

Location: _____ Zip Code: _____ SPA #: _____

AUTHORIZATION

For in-person referrals: *By signing this form, I am permitting it to be sent to a Coordinated Entry System provider in my area so that they can contact me.*

Signature _____

Date _____

For telephonic referrals:

- ☐ Check if client permitted you to send this to a Coordinated Entry System provider in his/her area so that they can contact him/her. Date: _____

Date of Referral: ____/____/____ Referring Agency: _____ Name: _____

Email Address: _____ Tel # (____) _____ - _____