

REFERRAL FORM FOR A LIFT UP CANDIDATES

Referring Agency

Contact Name

Contact Number

Email

Name of Person Being Referred

Contact Number

Email

Address

Date of Birth

Previously Homeless

Yes

No

Monthly Rent

Amount of Back Rent Owed

Subsidized? Yes

No

Current Housing Status (14 Day Notice to Quit, Court Agreement, etc..)

Is Current Living Situation Sustainable with Assistance? Yes

No

Immigration Status:

History of Domestic Violence Yes

No

Any Disability in the Family? Yes

No

If Yes, Please Describe:

CORI Issues? Yes

No

If Yes, Please Explain:

Please List All Additional Household Members (Use Back of Form if More Space is Needed)

Name

Age

Relationship

Name

Age

Relationship

Name

Age

Relationship

Name

Age

Relationship

Currently Employed? Yes No High School Diploma/GED? Yes No In School Yes No

Sources of Income (Click All That Apply):

Employment TAFDC WIC Fuel Assistance Food Stamps Child Support SSI/SSDI
Other (please specify):

Total Family Income from all sources: \$ /Month

Brief Statement Describing the Needs of This Client and Why They Would be Appropriate for This Program: