



Vermont Coalition to End Homelessness – Coordinated Entry

# Housing Crisis Referral

Send to: Scan/Email to: OR Fax:  
 Date of Referral: Referring Organization:  
 Name of Staff Completing Form: Staff Phone #:

**2<sup>nd</sup> PAGE SIGNED RELEASE IS REQUIRED WITH COMPLETED FORM**

**Are you fleeing or attempting to flee Domestic Violence/Abuse?  
 Do you feel unsafe at your current location?  
 IF YES, may we contact about your situation or to secure shelter?  
 CALL  
 Do not complete or submit the rest of the form if referral is made directly to DV/SV Shelter**

Client Name: DOB: Gender:  
 Phone Number: Do we have permission to call this number? Yes No  
 Can we leave a message or text this number? Yes No  
 Physical Address (unless Homeless):  
 Mailing Address (if different):  
 Family Type: Household Size: Household Monthly Income:  
 Has anyone served in the military or armed services before? Yes No Don't Know/Refused  
 What language are they most comfortable speaking? Is an interpreter needed? Yes No  
 Does anyone in the household need an accommodation for a disability? Yes No Don't Know/Refused

*No one has to answer this question if they don't want to. But if someone does have a disability, and they need us to do something different to help them access housing or services, please let us know. We can make changes to how we do things, if the change is reasonable.*

The individual/family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain permanent housing or (if not housed) prevent them from moving into emergency shelter

Where did they stay last night (be specific): How long at this location?

<input type="checkbox"/> Emergency Shelter	
<input type="checkbox"/> Place not meant for human habitation (cars, parks, abandoned buildings, camps, streets)	
<input type="checkbox"/> Renting a house /apartment (check all that apply)	
<input type="checkbox"/> facing eviction – <b>DATE (if known):</b>	<input type="checkbox"/> moved 2 or more times in past 60 days
<input type="checkbox"/> in subsidized housing or have subsidy (VRS, FUP, Sect 8, S+C)	<input type="checkbox"/> unsafe situation
<input type="checkbox"/> overcrowded (more than 1.5 people/room)	
<input type="checkbox"/> Staying with friends or family <u>because of economic hardship</u> (check all that apply)	
<input type="checkbox"/> facing eviction – <b>DATE (if known):</b>	<input type="checkbox"/> moved 2 or more times in past 60 days
<input type="checkbox"/> overcrowded (more than 1.5 people/room)	
<input type="checkbox"/> Hospital or other institution	
<input type="checkbox"/> Stayed less than 90 days	<input type="checkbox"/> Just prior, was in shelter or someplace not meant for human habitation
<input type="checkbox"/> Motel/hotel	
<input type="checkbox"/> Paid by someone else:	<input type="checkbox"/> Paid by self, not able to continue
<input type="checkbox"/> In a home owned by the individual/family STOP – Make referral to homeownership center: Check back if housing status changes	
<input type="checkbox"/> <b>None of the above</b> STOP – Not eligible for services - Other referral(s) made: Check back if housing status changes	

**Other notes about the situation:**



## Permission to Share Personal Information to Secure Help with Housing

Client Name:

DOB:

I give my permission to

to communicate information on the Housing Crisis Referral Form, which includes:

- how to contact me and where I am staying
- my ability to pay for housing
- my current housing or homeless status
- my housing needs, demographic information about me
- and any help I need to communicate or access services.

With

for the purpose of obtaining housing related assistance.

### By signing this form, I understand:

- The reason(s) I am being asked to release information.
- Signing this authorization is voluntary. I understand that ability to receive services or support is not conditioned upon authorizing this disclosure. However, by not giving permission to share information, I may not be able to access housing help as quickly as possible.
- I understand that I may cancel this authorization in writing at any time, except for action that has already taken place.
- If I do not revoke or update this authorization, it will be in effect as long as I am seeking or receiving housing support or shelter.
- All items on this form have been completed and my questions about this form have been answered.

Signature \_\_\_\_\_ Date \_\_\_\_\_