

# Housing Crisis Referral

## Coordinated Entry

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? Yes No**

**Do you feel unsafe at your current location? Yes No**

**IF YES to either, may we contact**

**about your situation or to secure shelter?**

**Phone number:**

**Do not complete or submit the rest of the form if referral is made directly to DV/SV Service Provider that is a CE assessment partner.**

**Have you served in the US Military? Yes No Don't know/refused**

**Would you like to be assessed by a Veteran provider? Yes No**

**IF YES to both, complete the rest of this form, then submit a copy to the Lead Agency, as well as to the Veteran CE Representative by sending via encrypted email to [wvilardo@uvm.edu](mailto:wvilardo@uvm.edu).**

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:

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?

Emergency Shelter

Place not meant for human habitation (cars, parks, abandoned buildings, camps, streets)

Renting a house /apartment (check all that apply)

facing eviction – **DATE (if known):**

moved 2 or more times in past 60 days

in subsidized housing or have subsidy (VRS, FUP, Sect 8, S+C)

unsafe situation

overcrowded (more than 1.5 people/room)

Staying with friends or family because of economic hardship (check all that apply)

facing eviction – **DATE (if known):**

moved 2 or more times in past 60 days

overcrowded (more than 1.5 people/room)

unsafe situation

Hospital or other institution

Stayed less than 90 days

Just prior, was in shelter or someplace not meant for human habitation

Motel/hotel

Paid by someone else:

Paid by self, not able to continue

In a home owned by the individual/family

STOP – Make referral to homeownership center:

Check back if housing status changes

**None of the above**

STOP – Not eligible for services - Other referral(s) made:

Check back if housing status changes

**Other notes about the situation:**

# Housing Crisis Referral 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 checking this box, I also give permission, as a Veteran who would like to be assessed by a Veteran provider, to share this information with the Veteran CE Representative.

## 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 \_\_\_\_\_