

Potter County Human Services

Housing Referral



Referred By: _____

Date of Referral: _____

Title/Position: _____ Agency Affiliation: _____ Phone #: _____

Reason for referral? (Check one of the following.)

- Homeless
- At risk of Homelessness
- Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking
- Recently homeless

Consumer's Name: _____ SSN: _____ Age: _____ DOB: _____

Number of adults: _____ Number of children: _____ Children's ages: _____

Phone Number: _____ Email: _____

Gender: _____ Primary Language: _____ Marital Status: _____ MA#: _____

U.S. Citizen: yes no Veteran: yes no Race: _____ (Circle one): Hispanic or Non-Hispanic

Disabling Condition:

Alcohol/Substance Abuse: Alcohol Opiate Substance abuse

Mental Disability: Schizophrenic Bi-Polar Depression Other _____

Physical Disability: Mobility impairment TBI Chronic illness

Major psychosocial or mental health concern(s):

- | | | |
|---|--|---|
| <input type="checkbox"/> Drug/Alcohol abuse | <input type="checkbox"/> Depression | <input type="checkbox"/> Grief |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Gang involvement | <input type="checkbox"/> Pregnancy support |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Physical/sexual abuse | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> Reactions to chronic illness | <input type="checkbox"/> Self-esteem | <input type="checkbox"/> Family/relationship problems |
| <input type="checkbox"/> Anxiety/phobia | <input type="checkbox"/> Legal problems | <input type="checkbox"/> Violent behavior |

Other specific concerns:

Is there a criminal record? yes no If yes, what? _____

Total monthly income: \$ _____ Source(s) of income: _____

Last permanent address: _____ When did it end? _____

Current place of residence: _____

How did consumer become homeless? _____

Has the consumer applied to HUD? yes no

Does Consumer have reliable transportation? yes no

Receiving mental health services? yes no

Mental health diagnosis: _____

Additional Comments: _____

Housing Services were explained to the consumer and consumer agrees to case management for the homeless.

Consumer Signature

Date

Witness Signature

Date

***Please return completed form with consumer's signature to the Housing Specialist, Kiara Perkins.
Referrals can be faxed to 814-544-9062 or email to kperkins@pottercountyhumansvcs.org.**