PARTNER REFERRAL

For shelters, social workers, workforce/VA partners, and community organizations

Do not include diagnoses, medical records, protected shelter addresses, or sensitive narrative history. Use a referral ID whenever possible. Share only what the applicant has authorized.

REFERRING ORGANIZATION

AGENCY / PROGRAM

REFERRAL DATE

STAFF NAME AND ROLE

DIRECT PHONE / SECURE EMAIL

REFERRAL ID

APPLICANT PREFERRED NAME / INITIALS

HOUSEHOLD SIZE

HOUSING REQUEST

NUMBER OF PEOPLE

TARGET AREA / CITY

NEEDED BY (DATE)

AFFORDABLE MONTHLY BUDGET / CONFIRMED AID

FUNDING AGENCY / VOUCHER (IF APPLICABLE)

REQUESTED HOUSING / ACCESSIBILITY OR TRANSPORT SUPPORT

BEST SAFE METHOD TO CONTACT APPLICANT

AUTHORIZATION AND FOLLOW-UP

REFERRAL CONSENT: YES / WRITTEN RELEASE ATTACHED / PENDING

PARTNER FOLLOW-UP ACTION / PREFERRED TIMEFRAME

REFERRER SIGNATURE / INITIALS

DATE