

# SPA-8 Coordinated Entry System Referral Form

## BASIC INFORMATION

First Name: \_\_\_\_\_ M.I. \_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Income: \$ \_\_\_\_\_/month

### 1. Current household status:

- Single Adult (Email to [bjajairam@harborinterfaith.org](mailto:bjajairam@harborinterfaith.org))
- Multiple Adults (Email to [bjajairam@harborinterfaith.org](mailto:bjajairam@harborinterfaith.org))
- Adult(s) with Minor Children (Email to Sharon Stewart at [sstewart@harborinterfaith.org](mailto:sstewart@harborinterfaith.org))
- Youth 16-24 years old (Email to Tyrone Friend at [tfriend@hscfs.org](mailto:tfriend@hscfs.org))

Number of Household Members: \_\_\_\_\_

### 2. Observations that might be helpful to know about the person/family being referred (Optional)

Description of Person: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Other: (Include comments such as preferred language, gender, etc.) \_\_\_\_\_

## HISTORY OF HOUSING AND HOMELESSNESS

### 3. Most frequently used place to sleep:

- Outdoors  Car/RV  Shelters/Transitional Housing  Motels/Hotels
- Imminently at-risk of homelessness  Must Vacate Current Crisis housing program
- Client Doesn't Know  Client Refused
- Other (Specify): \_\_\_\_\_

### 4. Number of months since the homeless individual/family lived in permanent stable housing:

\_\_\_\_\_ Months  Client doesn't Know  Client Refused

## VETERANS

### 5. Service in the U.S. Military (Veteran):

- Yes  No  Client Doesn't Know  Client Refused

## FOLLOW-UP QUESTIONS

### 6. Phone number, email address, and/or location that the service provider can use to contact the homeless individual/family:

Phone #: \_\_\_\_\_ Best Time to Reach: \_\_\_\_\_

Email Address: \_\_\_\_\_ Location: \_\_\_\_\_

### 7. City/region/intersection the homeless individual/family most identifies as their community.):

Location: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SPA #: \_\_\_\_\_

## AUTHORIZATION

**For in-person referrals:** *By signing this form, I am permitting it to be sent to a Coordinated Entry System provider in my area so that they can contact me.*

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

### For telephonic referrals:

- Check if client permitted you to send this to a Coordinated Entry System provider in his/her area so that they can contact him/her.* Date: \_\_\_\_\_

Date of Referral: \_\_\_/\_\_\_/\_\_\_\_\_ Referring Agency: \_\_\_\_\_ Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Tel # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_