



Community Lodgings, Inc.

Office Use Only:  
Info Rec'd by: \_\_\_\_\_  
Applicant/Agency contact:  
\_/\_/\_  
Application granted: Y/N  
Intake Date: \_/\_/\_ Time: \_\_\_\_  
Unit Size: \_\_ bedroom

**REFERRAL FORM  
FOR  
APPLICATION TO TRANSITIONAL PROGRAM  
(To be completed by the referring social/case worker)**

**Agency/Shelter information**

Agency/Shelter Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Client Information**

List all members of the family that will reside in the household.

	Full Name	SS#	Sex	DOB	Employer Information
Client					
Spouse					
Other Adult					

**Children's Information.**

Full Name	SS#	Sex	DOB	School & Grade

**Reason for homelessness (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Unemployment                 | <input type="checkbox"/> Substance Abuse           |
| <input type="checkbox"/> Transience                   | <input type="checkbox"/> Mental Health/Illness     |
| <input type="checkbox"/> Relocation                   | <input type="checkbox"/> Domestic Violence/Dispute |
| <input type="checkbox"/> Lack of Affordable housing   | <input type="checkbox"/> Health Problems           |
| <input type="checkbox"/> Evection/Delinquent Rent     | <input type="checkbox"/> Chronic Poverty           |
| <input type="checkbox"/> Released from Jail or Prison | <input type="checkbox"/> Other: _____              |

Client/Family currently housed at \_\_\_\_\_  
Entrance Date \_\_\_\_\_ Client/Family Contact Numbers \_\_\_\_\_

**Explain Clients circumstances below:**

Please describe any progress made by the client while receiving services from your organization.  
**(Attach a copy of current service plan/goals for each family member.)**

---

---

---

---

---

---

Note any problems or areas of difficulty that have arisen during your involvement with the client and how each was resolved.

---

---

---

---

Why would this client be a good candidate for Community Lodgings Transitional Housing Program?

---

---

---

---

What is the client's work schedule and when would they be available for interview?

---

---

---

**Referral Contact Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_