

Direct Housing Referral Form

Family Information	HOH	SO
Name		
CSP Number		
Age (include children)		
Entry Date		
Family Size		
Pregnant? # of Months?		
Number of times in shelter, including this time		
Last entry/exit date in shelter, if applies?		
Has the family ever received DCA? When/Amount?		
Franklin County Resident for 30 days?	Yes No	Yes No
Cell Number		
Income (please specify type and amount)		
Education		
Criminal Background		
Disability (please specify, indicate Dx if applicable)		
Is the disability documented?	Yes No	Yes No
Is the family interested in job training?	Yes No	Yes No
Work History		
Number of Evictions		
Amount owed in utilities and utility type		
Name of YWCA FA/ Van Buren CM		
Date of Last YWCA FA/Van Curen CM Appointment		
Recent Progress by Family/Other Important Info		
(use back if necessary)		
Has the family utilized Family System before? If yes, when and what program (e.g. KCP, SF, etc)		
Is the family presently connected with Childrens Services?		
Is the family connected with any other community service provider (mental health, AOD, etc)?		
Was a USHS application submitted?	Yes No	Yes No
Picture ID	Yes No	Yes No
Birth Certificate	Yes No Applied	Yes No Applied
Social Security Card	Yes No Applied	Yes No Applied
Outcome		
Date Presented:		
Family Selected: Yes No		
If Yes , by which DH Provider ?		
If not selected, is it recommended for family to remain in pool ? Yes No		
If No , why?		