

Internal: _____

External: _____

Transitional Housing Referral Form

Date of Referral: _____

Note: This is a transitional housing program lasting up to 2 years, with mandatory housing case management services.

Person Served Demographics- PLEASE PRINT and complete all fields

Full Legal Name: _____ Email Address: _____

Date of Birth: _____ Age: _____

Phone Number: _____ Alternate Phone Number: _____

Current Address (If Applicable) _____

Current Living Situation: ☐ Renting ☐ Homeless ☐ Shelter ☐ Living with Family/Friends☐ Assisted Living ☐ Transitional Housing ☐ Other _____

Household Size: Adults: _____ Children: _____

Race/Ethnicity: ☐ Black/African American ☐ White ☐ Hispanic/Latino ☐ Asian/Pacific Islander ☐ American Indian/Alaska Native ☐ Other _____ Sex: ☐ Male ☐ Female

Income Information- Note: You must have a source of income to qualify

Monthly Income: \$ _____

Primary Income Source: ☐ Employment ☐ Self-Employment ☐ SSI/SSDI ☐ Retirement ☐ Family/Friend Support☐ Other _____

Emergency & Support Contact:

Emergency & Support Contact: Name: _____ Relationship: _____ Phone: _____

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Referral Source

Case Manager/Other: _____ Phone Number: _____

Title: _____ Email Address: _____

Agency: _____

Required Documentation

Please attach the documents below before submitting.☐ Government-Issued Photo Identification with a Current Broward County Address☐ Proof of Income (**Examples:** 2 pay stubs, SS Benefit Letter, Statement of Contribution, or any other form of income verification)

PLEASE SUBMIT THIS FORM TO:	INTERNAL USE ONLY:
Housing Department Attention: Housing Referral housingreferral@browardhouse.org	Date Referred: _____ Date added to Waitlist: _____ Date Contacted: _____ Eligible: Y/N Date of Assessment: _____ Completed With: _____ Date of Entry: _____ Bldg./Unit: _____