



## HOME TBRA Referral Form

Date of Referral: \_\_\_\_\_

Referral Agency or Person: \_\_\_\_\_ Contact Information:

\_\_\_\_\_

Name of Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Co-Applicant (if applicable): \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number:

\_\_\_\_\_

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

Child Info: \_\_\_\_\_ School/Daycare: \_\_\_\_\_ DOB: \_\_\_\_\_

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Child Info: \_\_\_\_\_ School/Daycare: \_\_\_\_\_ DOB: \_\_\_\_\_ Are

you currently pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_ Due Date: \_\_\_\_\_ Number of

bedrooms requested: \_\_\_\_\_ *\*The number of bedrooms requested may not be available.*

Current Living Situation: \_\_\_\_\_

Reason for Homelessness: \_\_\_\_\_

Length of time Homeless: \_\_\_\_\_ Current County of Residence:

\_\_\_\_\_

Name of Applicant: \_\_\_\_\_

**STAFF USE ONLY**

Income:      Employment \$ \_\_\_\_\_      TANF/KTAP/OWF \$ \_\_\_\_\_      Child Support \$ \_\_\_\_\_  
                 Food Stamps/SNAP \$ \_\_\_\_\_      Unemployment \$ \_\_\_\_\_      Other Income \$ \_\_\_\_\_  
                 SSI Disability \$ \_\_\_\_\_

SSI Recipient: \_\_\_\_\_ Disability: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_

Spouse/Partner Employer: \_\_\_\_\_

Single       Married       Divorced       Widowed

What is the relationship like with child(ren)'s other parent? \_\_\_\_\_

Who is in your support network? \_\_\_\_\_

Are there any drug or alcohol issues?      Yes \_\_\_\_\_ No \_\_\_\_\_      Alcohol       Drugs

If "Yes", please explain: \_\_\_\_\_

Treatment: \_\_\_\_\_

Any Mental Health or Physical Health challenges? Mental Health  Physical Health

Explain: \_\_\_\_\_

Treatment: \_\_\_\_\_

Agency/Provider Name: \_\_\_\_\_

Have you had a previous eviction?      Yes \_\_\_\_\_ No \_\_\_\_\_

Month/Year: \_\_\_\_\_ Property Name/Location: \_\_\_\_\_

Reasons for evictions: \_\_\_\_\_

If "Yes" were you ever evicted from Section 8?      Yes \_\_\_\_\_ No \_\_\_\_\_

Do you owe money to ANY Section 8 project or subsidized housing agency?      Yes \_\_\_\_\_ No \_\_\_\_\_

Amount? \_\_\_\_\_

Last permanent address? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Number of places lived in last year: \_\_\_\_\_      Last 5 years: \_\_\_\_\_

Custody Disputes?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", Explain: \_\_\_\_\_

Any Child Protective Services Involvement?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", Explain: \_\_\_\_\_

Any safety/legal concerns or criminal history?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please explain: \_\_\_\_\_

Notes: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Referral Received Date: \_\_\_\_\_