



## VA/GPD Transitional Housing Program Guidelines

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

Person submitting referral: \_\_\_\_\_

Head of Household: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Discharge Status: \_\_\_\_\_

Last known address: \_\_\_\_\_

City, State and zip code

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Any other information related to circumstance:

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Please fax or email information:

[tjansen@welcomehouseky.org](mailto:tjansen@welcomehouseky.org)

**Fax: 859.431.6297**

**STAFF USE ONLY**

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

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