



HARA Community Referral Form

****Please note OnPoint is not an Emergency Shelter Provider. Unfortunately, there are no emergency shelter options in Allegan County except for those who are Fleeing DV. Those in need of shelter will need to be referred to emergency shelters located out of the county. ****

Referral Instructions:

The following screening is for use by Allegan County Community Partners that do not use HMIS and want to refer someone for housing assistance.

- **If you are working with a person in a housing crisis, as demonstrated by an eviction or homelessness, or the person is reporting attempting to flee a domestic violence or human trafficking situation, please fill out the following form and email it to OnPoint: housing@onpointallegan.org**
 - A follow up call will be conducted in 2 business days with client to screen for eligibility for available programs and provide resources. If they are determined to be eligible, an intake appointment will be conducted to get them on By Name List for services. Please be sure to inform client to make sure their voicemail is set up, cleared of old messages and able to take new messages in case they are not able to answer when our intake worker calls. Callbacks will come from a different number than the housing line number and may even come from an unknown or blocked numbers so please let them know if they receive a call like this, they should answer those calls.
 - Sending this form to OnPoint does not guarantee that client will be eligible for financial assistance or case management services.
- ***If you are working with someone who has a housing need but are not experiencing homelessness or at risk of homelessness, please have them call the Homeless Assistance Program directly at: 269-686-4703 or Email:***

Referral Information:

Date: _____

Agency Making the Referral: _____

Contact Person: _____

Contact Email: _____ Contact Phone: _____

Please ask the client the following questions and assist them in filling out their responses:

Person being referred (Full Name): _____

Preferred Name: _____

Date of Birth: _____ Last 4 digits of SSN: _____

Gender: _____ Preferred Pronouns: _____

Race/Ethnicity: _____

Current Address: _____ **Please enter the person’s current address, or if no address is available, city where they are currently experiencing homelessness. **

Contact Number: _____ Secondary Contact Number: _____

Email: _____

If you do not have access to phone or email, where could our outreach workers find you?



Caring for Allegan County

Current Housing Information:

1. Are you currently literally homeless? Yes No

*Please note: Literally homeless includes those who are on the street, in a shelter, or an uninhabitable place such as a car or abandoned building. Please note that if the agency is paying for a motel, this also qualifies as homeless but if you are self-paying for a motel this does not qualify as literally homeless. *

o If you selected Yes, where did you sleep last night?

On the street Car Tent/Camper Abandon Building Hotel Paid for by an Agency

Shelter: _____ Other (please describe) _____

o Approximate date homelessness started? _____

o How long have slept at this location? _____

o Where were you staying prior to this location? _____

*If answered Yes, skip to household information section on next page. If No, proceed with question 2.

2. Are you currently staying in an institution (such as rehab facility, jail, inpatient care, etc.)? Yes No

o Has it has been less than 90 days and directly prior to entering you were in a literally homeless situation? Yes No

*If answered Yes to questions in #2 skip to household information section on next page. If No to both, proceed with question 3.

3. Are you currently facing eviction from rental unit? Yes No

o If you selected Yes, have you received a summons to court? Yes No

▪ When is your next court date? _____

▪ Has a judgement been issued? Yes No

• If Yes, Date it expires: _____

o How much is your monthly rent? _____

o What utilities are you responsible for paying? _____

o What is total amount owed? _____

o Are you also behind on paying your utilities? Yes No

▪ If so which one and how much is owed? _____

o Have you applied for the State Emergency Relief at DHHS? Yes No

▪ If so, has a determination been made? Yes No

▪ Determination: _____

o Are you receiving assistance from any other agency? Yes No

*If answered Yes, skip questions #4 and #5 If No, Proceed to Question #4.

4. Are you currently temporarily living with friends or family? Yes No

o If you selected Yes, have they asked you to leave by a certain date? Yes No

• Date you need to leave: _____

• Would they be willing to provide a written letter verifying when you need to leave?

Yes No

o How long have you been staying there? _____

5. Are you fleeing/ attempting to flee domestic violence? (Defined by HUD Category 4)

Yes No * Category 4 homeless includes those who are fleeing, or attempting to flee, domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing*

o If yes, are you currently working with a DV Provider? Sylvia's Place Resilience None

*If client answers No to all 5 questions, this form should not be completed, and client should be directed to call OnPoint directly or given other resources.

Household Information

Full Name	Date of Birth	Last 4 digits SSN	Race/Ethnicity	Gender	Relationship to Head of Household

- **Have you or anyone in your household ever served in the military?** Yes No
 - *If Yes, Branch Served:* _____ *Years Served:* _____
 - *Do you have a copy of your DD214?* Yes No
 - *Discharge:* Honorable Dishonorable Other: _____
 - *Are you currently working with any of the following agencies?* Volunteers of America's SSVF Program Veteran's Affairs Allegan County Veteran Services None

- **Total monthly income for household before taxes/deductions:** \$ _____
Please check all sources of income received below, put the amount received and who receives it.

- **Employment:** \$ _____ Person receiving income: _____
▪ Frequency: Weekly Biweekly Twice a Month Monthly
- **Unemployment** \$ _____ Person receiving income: _____
▪ Frequency: Weekly Biweekly Twice a Month Monthly
- **Pension** \$ _____ Person receiving income: _____
▪ Frequency: Weekly Biweekly Twice a Month Monthly
- **Child Support** \$ _____ Person receiving income: _____
▪ Frequency: Weekly Biweekly Twice a Month Monthly
- **SSI** \$ _____ Person receiving income: _____
▪ Frequency: Weekly Biweekly Twice a Month Monthly
- **SSDI** \$ _____ Person receiving income: _____
▪ Frequency: Weekly Biweekly Twice a Month Monthly
- **Social Security Retirement** \$ _____ Person receiving income: _____
▪ Frequency: Weekly Biweekly Twice a Month Monthly
- **Veteran's Disability Payment** \$ _____ Person receiving income: _____
▪ Frequency: Weekly Biweekly Twice a Month Monthly
- **Worker's Compensation** \$ _____ Person receiving income: _____
▪ Frequency: Weekly Biweekly Twice a Month Monthly
- **Cash Assistance** \$ _____ Person receiving income: _____
▪ Frequency: Weekly Biweekly Twice a Month Monthly
- **Other (please describe):** _____ Person receiving income: _____
▪ Frequency: Weekly Biweekly Twice a Month Monthly

- **Are you being assisted by any other Social Services type of organization?** Yes No
 - Please indicate the agency and describe services received: _____
