



### 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](mailto:housing@onpointallegan.org)**
  - A follow up call will be conducted within 24 hours to schedule an intake appointment if they qualify for services. Please be sure to inform client to make sure their voicemail is cleared of old messages and able to take new messages in case they are not able to answer when our access worker calls.
  - Sending this form to OnPoint does not guarantee that client will be eligible for financial assistance or case management services.
  - Complete Consent to Release Housing Services ROI and send with this form to discuss case with access worker.
- ***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: [housing@onpointallegan.org](mailto:housing@onpointallegan.org)***

**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 current address, or if no address is available, city where 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?

\_\_\_\_\_

Are you currently receiving other services from OnPoint? Yes No



Are you being assisted by any other Agencies?  Yes  No

Please list agencies and services: \_\_\_\_\_

**Household Information**

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

Has anyone in your household ever served in the military?  Yes  No

If yes, who? \_\_\_\_\_

Are you currently working with any of the following agencies?  Volunteers of America's SSVF Program  
 Veteran's Affairs  Allegan County Veteran Services  None

Does anyone in the household currently receive income?  Yes  No

If yes, please list who in your family receive the income, the income source (whether it's from SSI, Job, etc.), the amount and how often it is received:

\_\_\_\_\_

**Housing Information:**

1) Are you currently Homeless?  Yes  No

Approximate Date Homelessness Began: \_\_\_\_\_

Where did you sleep last night? \_\_\_\_\_

How long have you stayed at this location? \_\_\_\_\_

How long can you remain at this location? \_\_\_\_\_

Are you currently homeless due to a concern for your safety, fear of violence or abuse from another person?  Yes  No

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

2) If not homeless, are you currently facing eviction from rental unit?  Yes  No

Do you have a summons to court?  Yes  No When is your next court date? \_\_\_\_\_

Has a judgement been issued?  Yes  No Date it expires: \_\_\_\_\_

How much your monthly rent? \_\_\_\_\_ What utilities do you pay? \_\_\_\_\_

Do you receive any rent assistance, from a Housing Choice Voucher, Project Based Voucher or any other type of rent assistance program?  Yes  No If yes, type of assistance: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ What is total amount owed to your landlord? \_\_\_\_\_