

VETERAN RAPID RE-HOUSING REFERRAL



DOWNTOWN **WOMEN'S** CENTER
Homelessness ends here.

CLIENT INFORMATION						
Last Name:		First Name:		DOB:		
Age:	Gender:	Ethnicity:	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____			
Citizenship Status:						
Last 4 of SSN:	Phone:	Email:				
Preferred Method of Contact:		Emergency Contact:		Phone Number:		
Relationship to Client:		Children: <input type="checkbox"/> No <input type="checkbox"/> Yes		Number of Children & Ages:		

GENERAL & DV INFO	
Are you a survivor of domestic violence? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date of last incident/act of violence:	
Are you receiving services elsewhere? <input type="checkbox"/> No <input type="checkbox"/> Yes, Which agency:	
Do you have another CM/SW? <input type="checkbox"/> No <input type="checkbox"/> Yes, Name:	Contact Info:

HOMELESSNESS and INCOME STATUS	
Currently homeless: <input type="checkbox"/> No <input type="checkbox"/> Yes	Currently staying: <input type="checkbox"/> Street: <input type="checkbox"/> Friend/Family <input type="checkbox"/> Car <input type="checkbox"/> Shelter:
Where did you stay last night?	Zip Code:
Source of income: <input type="checkbox"/> No Income <input type="checkbox"/> GR(GROW, MU) \$ _____ <input type="checkbox"/> SSI/SSDI \$ _____ <input type="checkbox"/> SS \$ _____ <input type="checkbox"/> VA Benefits \$ _____	
<input type="checkbox"/> Timed Out <input type="checkbox"/> TANF \$ _____ <input type="checkbox"/> Wages \$ _____ <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Cal Fresh \$ _____	

HOUSING APPLICATION DOCUMENTS	
<input type="checkbox"/> SSN <input type="checkbox"/> ID <input type="checkbox"/> Proof of Income (POI) <input type="checkbox"/> Proof of Dx <input type="checkbox"/> Verification of Homelessness <input type="checkbox"/> TB Test <input type="checkbox"/> DD214	

Referring Agent	
Referring Agency:	Referring Agent Name & Contact:
Referring Agent Signature:	Date:

For any referrals or questions please contact:
Gabie Hernandez at gabrielah@downtownwomenscenter.org or (213) 308-3396
David Robinson at davidr@downtownwomenscenter.org or (323) 640-9344