

BSS+ ESG-CARES [CV] Community Housing [CHS] Referral Form

Referral Date:		Program Entry Date:		Name:		SP ID # :	
Phone # :				(C/W/H/Other)		(C / W / H / Other)	
Email:							
Contact Preference:				Best Time:			
Emergency Contact:				Phone #			
Relation to Client:							
Method of Transport:		Bus/CARTS		Bike		Taxi/Service Car	
Car							
Vehicle (Make, Model, License/ST, monthly payment)							
Housing History							
Current Address							
Most recent long-term address:							
Time at Address		From			To		PRESENT
Reason for leaving							
Previous Address:							
From:				To:			
Reason for leaving: (please circle) Lease End Early Lease Termination Eviction Lease Skip Other:							
Previous Address:							
From:				To:			
Reason for leaving: (please circle) Lease End Early Lease Termination Eviction Lease Skip Other:							
Number in HH		Adults				Children	
Requested Unit Size		EFF	1BR	2BR	3BR	4BR	5BR
Household Members							
Name		DOB		SSN		Sex	Relationship
All Bills Paid Preferred:		Yes			No		
Pets		Yes		No		How many?	
Cat		Dog		Other		Breed:	
Children in School		Yes			No		
School District				School Name			
Stay in same District				School Name			
Preferred School District				School Name			

Income

Employee name:		Rate of Pay:		Hrs/wk
Company		Contact info:		
Supervisor's Contact info		Rate of Pay:		Hrs/wk
		Contact info:		
Employee name:		Rate of Pay:		Hrs/wk
Company		Contact info:		
Supervisor's Contact info		Rate of Pay:		Hrs/wk
Fixed (SSI/SSDI/VA, etc):	\$			
Child Support:	\$			
Other:	\$			
Total Monthly Income	\$			
Maximum Monthly Rental Payment	\$			

Housing Preferences (circle preferences below)

Apartment	Duplex	4Plex	House	Boarding Home
1 story	2 story	ADA	1st Fl 2ndFl 3rdFl	
North	Northeast	Northwest	South	Southeast
Southwest	Pflugerville	Manor	Del Valle	Oak Hill
Lakeway	Specific:			
Open to roommate(s)?				

Additional Notes

Client Strengths:

Client Barriers:

Case Manager name: _____ **Case Manager email and phone:** _____