



Permanent Supportive Housing for the Chronically Homeless

Referral Check List

Referral For (Please check one):		
<input type="checkbox"/> Hunterdon County Resident	<input type="checkbox"/> Sussex County Resident	<input type="checkbox"/> Warren County Resident

Date of Referral: _____

Client Name: _____

Attached is the completed Referral packet for Permanent Supportive Housing for the Chronically Homeless. Included with this referral the following documents

- Photo identification for all household members
- Documentation of homelessness
- Documentation of Disability Form
- Income verification for all household members age 18 and older
- Copy of birth certificate for all members of household
- Social Security cards for all members of household
- Signed authorizations for the release of information from all pertinent providers

This documentation is to be used for an initial screening in consideration for application to the permanent housing program. If considered, I agree to work with the applicant to submit a full completed application to the housing program.

Referring individual name and agency: _____

(Signature)

(Date)