Please submit this referral to Housing@hotbhn.org. If you have any questions regarding the referral form or housing services, contact Sabrina Smallwood at 254-297-8910 or sabrina.smallwood@hotbhn.org. Please fill out all pertinent information describing consumers’ needs and please include any supporting documents. (ex. If they are needing one-time eviction prevention include notice of eviction, and payment ledger from landlord.)

**Your client must meet the following to be referred to the housing Navigators:**

1. **Homeless (ex. Sleeping outside or staying in a local shelter), or imminent risk of homelessness.**
2. **12-months of assistance, or**
3. **1800/ month income if they are receiving no assistance or only 1-3 month’s rent and deposit.**

**Referring Agency**

|  |  |
| --- | --- |
| **Organization Name**: |  |
| **Phone Number:** |  |
| **Case Manager**: |  |
| **Type of Assistance:** |  |
| **Length of Assistance:** |  |
| **County:** |  |

**Consumer Information**

|  |  |
| --- | --- |
| **Name**: |  |
| **DOB**: |  |
| **Phone Number:** |  |
| **HMIS# (if applicable):** |  |
| **SmartCare ID (if applicable):** |  |
| **Individuals in household:** |  |
| **Do they have ID, SS Card?**  | Yes No |
| **Have they called Heart to Home?** | Yes No |
| **Are they currently fleeing domestic violence?** | Yes No  |
| **Was their housing instability a result of COVID-19?** | Yes No  |
| **What is the household’s monthly income?** |  |

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| --- |
| **What is their living situation? Where did they stay last night? Where do they stay most often?** |
|  |

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| --- |
| **What are they needing right now? (Choose all that apply)** |
| **Eviction prevention (they are behind on rent)** How much are they behind? Who is their landlord? |  |
| **Utility assistance (they have past due bills)** How much are they behind? Which bills are they behind on? |  |
| **Rental assistance** What is the situation? |  |
| **Landlord mediation** What is the situation? |  |
| **Housing Navigation services** What is the situation? |  |
| **Other** **assistance** What is the situation? |  |
| **Any other important information regarding their housing situation:** |
|  |