

REFERRING AGENCY: PLEASE INSERT YOUR LOGO

REFERRAL FORM for TRANSITIONAL HOUSING
TO BE COMPLETED BY REFERRING WORKER (PLEASE PRINT)

Homestretch provides housing and services to clients without regard to, and does not discriminate on the basis of race, color, age, disability, familial status, gender identity or expression, marital status, national origin, personal appearance, political affiliation, religion, sex, sexual orientation, source of income, veteran's status or any other factor. Homestretch affirms its policy of equal housing opportunity pursuant to state and federal fair housing laws.

Referring Agency/Worker:	Client Name:
Referral Telephone#:	Client Telephone #:

Is client homeless due to COVID-19: **Yes** **No**

CLIENT NAME	RELATIONSHIP	GENDER	DOB	AGE		Special Needs
	Adult 1					
	Adult 2					

CLIENT BACKGROUND INFORMATION	
Is the client or any member of the family pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Due Date:
Does client have custody of children? No <input type="checkbox"/> Yes <input type="checkbox"/>	If no, who has custody:
Any other children in foster care? No <input type="checkbox"/> <input type="checkbox"/>	If yes, where are children placed:
Does client speak English? <input type="checkbox"/> <input type="checkbox"/> No	Languages:
Does client have a car? <input type="checkbox"/> <input type="checkbox"/> No	Year? Condition:

HOUSING HISTORY		
Does the family reside in FFX County/FFX City or Falls Church? If no, what county does family live?		
Current address:		
How did family become homeless:		
Brief housing history:		
Is family in a shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which Shelter:	Date entered shelter:

Has the family previously lived in Transitional Housing: No <input type="checkbox"/> Yes <input type="checkbox"/>	Where:	When:
Has the family been referred to other housing agencies: No <input type="checkbox"/> Yes <input type="checkbox"/>	Where:	When:
Has the family been referred to the Unification Program? No <input type="checkbox"/> Yes <input type="checkbox"/>	When:	
Is the family on the Choice Voucher (Section 8) list? No <input type="checkbox"/> Yes <input type="checkbox"/>	Date:	
Is the family on the Public Housing List? No <input type="checkbox"/> Yes <input type="checkbox"/>	Date:	

Employment History (Complete for each adult)

Adult 1:	Adult 2:
Current Job Title:	Current Job Title:
Location:	Location:
Rate of Pay:	Rate of Pay:
# of Hours Worked:	# of Hours Worked:
How long in position:	How long in position:
Employment history (Past Employment Adult 1)	Employment history (Past Employment Adult 2)
1.	1.
2.	2.
3.	3.

INCOME/SUBSIDIES	
Adult 1	Adult 2
Name of Eligibility Worker:	Name of Eligibility Worker:
Location of worker:	Location of worker:
TANF Amount:	TANF Amount:
Food Stamps Amount:	Food Stamps Amount:
Child Support:	Child Support:
SSI/SSD Amount:	SSI/SSD Amount:
Workers' Compensation:	Workers' Compensation:
Unemployment Benefits:	Unemployment Benefits:
Other income:	Other Income:

LEGAL/HEALTH ISSUES FOR ALL FAMILY MEMEBERS

List any felony convictions. If yes, what and when:

List any legal issues pending (ie: child support, child custody issues, court appearances, etc).

Substance abuse (past/present):

Domestic Violence:

Medical/Mental Health Concerns:

Other issues:

NOTE FAMILY'S ANSWERS TO THE FOLLOWING QUESTIONS

Strengths regarding living independently:

Limitations to living independently:

Are all family members willing to attend life skills on Wednesdays from 6:30-8 pm:

Is family willing to receive intensive case management services including home visits:

Is family willing to find employment and work full-time?:

Is family willing to pay a housing fee based on 30% of gross salary:

Is family willing to pay 10% of their gross income towards debt repay/savings program:

How will family pay a \$700 deposit (\$500 to be refunded to the sponsor or client if unit is left in good condition):

Referring Agency Responsibility

I understand that as the referring agency we are responsible to help client acquire the \$500 deposit and the client is responsible for paying an additional \$200 deposit within the first six months of entering Homestretch. The security deposit will be returned to the sponsoring agency or client upon client's exit from the Homestretch program provided that client does not damage the property. This referring Agency will provide proof of family homelessness at time of assessment on or before entry into transitional housing.

Please check the client's current housing status:

<input type="checkbox"/> Homeless/street (including living in car)	<input type="checkbox"/> Living with family/friends
<input type="checkbox"/> Homeless/Shelter	<input type="checkbox"/> Psychiatric facility
<input type="checkbox"/> Renting; eviction date: _____	<input type="checkbox"/> Staying in Hotel/Motel
<input type="checkbox"/> Incarcerated	<input type="checkbox"/> Hospitalized
<input type="checkbox"/> Substance abuse/detox Program	<input type="checkbox"/> Other; explain: _____

Print Name of Referring Worker_____
Signature of Referring Worker_____
Agency_____
Date



Funded through the Fairfax County Community Development Program, The Fairfax County Redevelopment and Housing Authority, the U.S. Department of Housing and Urban Development and the City of Falls Church

ELIGIBILITY CRITERIA for the HOMESTRETCH TRANSITIONAL HOUSING

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Homestretch provides not only housing assistance, it provides guidance, support and chances to learn and grow. We believe in our mission of helping homeless families to become self-sufficient. However, the program cannot help those who decide not to help themselves. The Homestretch program is demanding of its clients because it understands that hard work brings positive results. The program can last a maximum of two years and is based on a client agreement with its clients. Violations to the agreement could result in termination of services. The eligibility criteria to enter Homestretch are as follows:

- Family must be referred to Homestretch by a Homestretch approved social services agency.
- Family must include children under 18 years old, not have received previous transitional housing or permanent housing subsidies within the last two years.
- Family must reside in Fairfax County, the cities of Fairfax or Falls Church, Arlington County and surrounding areas and must be in housing crisis.
- Referring agency must agree (in writing) that if the family is accepted into Homestretch, the referring agency will verify that the family is homeless at the time of relocation into Homestretch.
- A \$700 move in deposit is required at move-in of which \$200 must be paid by the client (to be paid when client is working).
- Family must be free of active substance use.
- Family income must meet low-income limits as set by HUD. Family must provide proof of income.
- Family must be willing to participate fully in any program that Homestretch staff feels will assist in working toward self-sufficiency.
- All adults must agree to work and/or attend classes (must be discussed with and agreed to by HS staff) a total of 40 hours per week.

RESPONSIBILITIES EXPECTED OF ALL CLIENTS (WORKER TO REVIEW WITH CLIENT)

Program Responsibilities

- Each adult client must be willing to work with their case manager and the HS staff to develop a goal plan in order to achieve self-sufficiency. Family must be willing to accept intensive case management services including regular home visits.
- All family members must attend a monthly Life Skills class scheduled on Wednesday evenings.
- Each adult will be required to meet with the Credit Counselor on a regular basis to discuss budgeting and debt repayment.
- All unemployed adults will be required to attend the Employment Center daily until employment is secured. Employed adults must agree to periodic meetings with Employment Counselor to discuss higher paying jobs, trainings, and career path. All adults must be working, attending ESOL, and/or in job training a total of 40 hours a week.
- As appropriate, attend ESOL classes as required for all adults who do not speak, read or write English.
- In order to ensure a drug free program all adult clients are required to submit to random alcohol and drug testing.

Financial Responsibilities

- Pay rent on time. The rent is calculated using the previous month's gross earnings to include wages, TANF, child support, SSI/SSD payments, Workers' Compensation, Unemployment Benefits, etc. Copies of all forms of income must be provided every month. Rent payments will not be accepted without proof of income.
- Pay 10% of monthly gross income toward the debt repayment or savings program.
- File state and federal income taxes through Homestretch and directly deposit refund into savings/debt repayment account. Work with Credit Counselor to pay off/down debt.

I understand the eligibility criteria and the responsibilities of the Homestretch program: _____

Client Signature



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