

**HOUSING CHOICE VOUCHER PROGRAM
MAINSTREAM PROGRAM
REFERRAL FORM**

Household Name:					Referral Date:		
Current Address:					Phone #		
Relation	Last Name	First Name	MI	Social Security #	Date of Birth	Age	D*
HOH							
Does your family need reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please specify: _____							

Relation: HOH – head of household; S – Spouse; Y – Youth under 18; A – Other Adult

* D – Non-Elderly Disabled (One member must be non-elderly disabled)

Service Provider		
Name:	E-Mail:	Phone:
Referring Agency:		
This household is currently <input type="checkbox"/> Homeless <input type="checkbox"/> At-Risk of Becoming Homeless <input type="checkbox"/> Institutionalized <input type="checkbox"/> At-Risk of Institutionalization and is currently residing in <input type="checkbox"/> A Nursing Home <input type="checkbox"/> A Mental Health Institution <input type="checkbox"/> Family-to-Family <input type="checkbox"/> A Shelter <input type="checkbox"/> A Vehicle <input type="checkbox"/> Other: _____		

I certify that the above-household has been screened and meets the initial eligibility requirements for the Mainstream Program.

Name: _____ **Signature:** _____ **Date:** _____

To refer a household:

- 1.) A completed MOU agreement must be on file with GMHA (found on geaugamha.org)
- 2.) Fill out the Mainstream Voucher Program Referral Form and Assessment Form (found on geaugamha.org)
- 3.) Fill out the HUD-form 9886, Authorization for Release of Information (found geaugamha.org)
- 4.) Please email all forms to GMHA’s Waiting List Specialist, Tina Breunig at: tbreunig@geaugamha.org

For HCV Program use only

Approved Denied/Reason: _____ Date: _____