

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

<b>Household Name:</b>					<b>Referral Date:</b>		
<b>Current Address:</b>					<b>Phone #</b>		
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		
<b>Name:</b>	<b>E-Mail:</b>	<b>Phone:</b>
<b>Referring Agency:</b>		
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 <b>and is currently residing in</b> <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](http://geaugamha.org))
- 2.) Fill out the Mainstream Voucher Program Referral Form and Assessment Form (found on [geaugamha.org](http://geaugamha.org))
- 3.) Fill out the HUD-form 9886, Authorization for Release of Information (found [geaugamha.org](http://geaugamha.org))
- 4.) Please email all forms to GMHA’s Waiting List Specialist, Tina Breunig at: [tbreunig@geaugamha.org](mailto:tbreunig@geaugamha.org)

**For HCV Program use only**

Approved  Denied/Reason: \_\_\_\_\_ Date: \_\_\_\_\_