**Referral Form**

**Piedmont Region Coordinated Assessment**

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| **Date of Referral:** |  |

***If household states that they are a veteran, please complete Section 1 ONLY and fax this form to the CA/VA Lead at 704.943.9519. All other referrals must come from the CA Lead.***

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| **Section 1: Client Information-***to be completed by referring agency only if client has reported being a Veteran.* | | |
| HOH Full Name: | | DOB: |
| Household Size: | Number of Adults: | Number of Children (under 18): |
| HOH Phone: Secondary Phone: | | |
| Email: | | |

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| **Section 2: Location of First Assessment-***to be completed by CA/VA Lead* | | |
| Date of VI-SPDAT | VI-SPDAT Score: | Prioritization Score |
| Contact for Shelter: Phone: | | |

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| **Section 3: Type of Referral*-*** *to be completed by CA/VA Lead* | |
| * Rapid Rehousing (Community Link) * Rapid Rehousing (Union County Community Shelter) * SSVF (Community Link) | * SSVF (United Way of Forsyth) * SSVF (Family Endeavors) * PSH (Community Link) * PSH (Cardinal Innovations) |
| Contact for Referral: Phone: | |

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| **Section 4: Housing Information-***to be completed by housing agency* | | |
| * Accepted by Housing Agency | Date: | Reason: |
| * Unable to Reach Client | Date: | Reason: |
| * Ineligible for Program | Date: |  |
| * Client Declined Program | Date: |  |
| Date verification of homeless was received: Date VI-SPDAT was received: | | |
| Name of Housing Agency Staff Who Completed Form: | | |
| Date: Signature: | | |

***Housing Providers: Once completed, please fax form to CA Lead at 704-943-9519.***

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| **Section 5: Post-Referral-** *to be completed by CA Lead* | |
| Date Housed: | County Housed: |
| Notes: |  |
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