***Housing Information/Development Referral Form***

Individual’s name:

Individual’s DMH #:

Age of individual:

1. What kind of housing assistance is being requested?

2.)Where is the individual currently residing and with whom does he/she reside?

3.) How much is the individual currently paying monthly for living expenses? If this exceeds their means, what monthly amount could they afford?

1. How soon does the individual require assistance?
2. What other resources have been tried?
3. What resources/funding are currently in place (if any)?
4. Does the individual require any accessibility/modifications in the home? If so, what?

Form completed by: Date: