



Referral to Housing Assessment Resource Agency
430 N. Larch St., Lansing, MI 48912

Agency/Program: _____ Today's Date: ____/____/____
 Referring Staff Person: _____ Title: _____
 County of Origin: Clinton Eaton Ingham Shiawassee

Name: (Head of Household) _____ **Date of Birth:** ____/____/____
 Last Four Digits of Social Security # _____ Phone # _____
 # in Household _____ # Adults _____ # of Children _____ Ages of Children: _____
 Client's Stated Cause of Homelessness: _____
 Currently Staying At (Please list *name of location with full address* in space provided) **Since:** ____/____/____

<input type="radio"/> Transitional Housing _____	<input type="radio"/> On Streets (Requires Verification)
<input type="radio"/> Institution _____	<input type="radio"/> Domestic Violence (Requires Verification)
<input type="radio"/> Emergency Shelter (Name) _____ (includes Hotel/Motel provided by homeless service agency)	<input type="radio"/> Eviction (Requires Judgement/Verification & Income Documentation)
<input type="radio"/> At Risk of Losing Housing	

Have you served in the military? ___ Yes ___ No
 Date the client was referred to the Housing Assessment Resource Agency (HARA): ____/____/____
 Has the client been in contact with or referred to other agencies? ___ Yes ___ No
 If "Yes," please list agencies: _____

Please Check Client's Primary Need(s)

<input type="radio"/> Housing	<input type="radio"/> Employment	<input type="radio"/> Transportation	<input type="radio"/> Education/Training	<input type="radio"/> Child Care
<input type="radio"/> Budgeting	<input type="radio"/> Counseling	<input type="radio"/> Medical Services	<input type="radio"/> Legal Services	<input type="radio"/> Other _____ (Please Specify)

Client can be contacted at:

- Please bring to your appointment:
- Birth Certificate
 - Social Security Card
 - Eviction/Court Paperwork
 - Driver's License/State Identification Card
 - Decision Notice from DHHS