



**Monmouth County Homeless System Collaborative
Prevention Services Referral Form**

| | |
|-------|-----------------|
| Date: | Applicant Name: |
|-------|-----------------|

| Referring Agency Information | |
|------------------------------|--------------------|
| Agency Name: | Agency Staff Name: |
| Agency Address: | |
| Agency Phone Number: | Agency Fax Number: |

| Applicant Contact Information | |
|-------------------------------|---------------------------|
| Applicant Name: | Applicant phone number: |
| Applicant Address: | |
| Emergency Contact Name: | Emergency Contact Number: |

| Applicant Household Information | |
|--------------------------------------|--|
| Total number of adults in household: | Total number of children in household: |
| Household Income Sources: | Monthly Household Income: |
| Primary Language: | |

| Household Characteristics | | | | | |
|---------------------------|-----------------------|--|-----------------------------|--|----------------------|
| | Mental Health Issue | | Physical Health Issue | | Youth (up to age 24) |
| | Substance Abuse Issue | | Victim of Domestic Violence | | Veteran |

| Household Service Needs | | | | | | |
|--|---------------------------|--|-----------------------------|--|-------------------|--|
| Please check box next to appropriate service needs: | Utility Arrears | | Rental Arrears | | Security Deposit | |
| | Utility Assistance | | Rental Assistance | | Food Security | |
| | Legal Services | | Mortgage Assistance | | Childcare | |
| | Substance Abuse Treatment | | Mental Health Treatment | | Emergency Shelter | |
| | Case Management | | Specialized Case Management | | Budget Counseling | |
| Briefly describe the issue causing the applicant to seek assistance: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

INTERNAL AGENCY USE ONLY PLEASE DO NOT WRITE BELOW THIS LINE

| | |
|--|--|
| Date application was received: _____ Reviewed by: _____ | |
| Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending | |
| Reviewer's Signature: _____ | |
| Comments/Justification: _____ | |
| | |
| Actions Taken: | |
| <input type="checkbox"/> Acknowledgement memo with decision sent to apply agency on _____ | |
| <input type="checkbox"/> Forwarded to Finance Department for payment on _____ | |
| Check issued on _____ Check Number _____ Amount: _____ | |
| <input type="checkbox"/> Reviewed after additional paperwork was received on _____ | |
| Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending | |
| Reviewer's Signature: _____ | |
| Comments/Justification: _____ | |