



HousingWORKS! REFERRAL – PAGE 1 of 2 EBSD ONLY

EHSD Referring Office: _____ Date: _____
Referring Worker Name: _____ Phone # _____
Email Address: _____

APPLICANT INFORMATION:

1. Head-of-Household Information (HOH)

First Name _____ Last Name _____
Date of Birth _____ HOH Phone# _____
Other Phone# _____ Message# _____
Email: _____

2. 2nd Adult Information (in household, if applicable)

First Name _____ Last Name _____
Date of Birth _____ Phone#: _____

HOUSEHOLD COMPOSITION

Household Size: # of Adults: _____ # of Children: _____
Number of Children under 18 living in home: _____ Over 18:/Student _____
Ages/Genders of Children: _____
Total Gross Monthly Household Income: \$ _____
TYPE OF INCOME (circle all that apply): Cal-Works/Employment/Unemployment/SSI/SSA

EHSD APPROVAL SECTION:

HousingWORKS! Special Indicator Entered (date): ____/____/____ **CWs Case Aid Type:** _____

CalWORKs Case Payee Status (check applicable box):

- APPROVED (e.g., CWs recipient) WTW-SANCTIONED CW TIMED-OUT
 UNDOCUMENTED SSI

Referring Worker / Supervisor Approval:

Worker PCN: _____ Approving Supervisor's Signature/PCN: _____/_____



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ADDITIONAL AGENCIES WORKING WITH FAMILY-List Agency Name, Contact Name and Telephone Number:

- 1) _____
- 2) _____
- 3) _____

FACTORS THAT DETERMINE FAMILY ELIGIBILITY

- ... recipient of CalWORKs grant (Adult and Children or Children only)
- ... Contra Costa County resident
- ... meets the STATE of California definition for homeless status (See below)
- ... agrees to participant in development of support services plan
- ... agrees to participate in housing search process
- ... provides verification of homelessness or imminent loss of housing
- ... has reasonable ability to maintain housing once assistance ends

SERVICE PRIORITY CONSIDERATIONS:

- Family has children under age 6
- Head of household or second parent under age 24
- Family has a parent with a prior history of homelessness

NOTE: Please advise applicants that they will be asked to provide:

- Picture ID/Social Security Numbers/Birth Certificates
- Proof of income
- Letter of Intent to Rent (If they have already located housing)
- Verification of Other Type of Housing Subsidy (i.e. Section 8)

STATE OF CALIFORNIA DEFINITION OF HOMELESS STATUS

(Check all that apply)

- Lacking a fixed and regular nighttime residence
- Having a primary nighttime residence that is a supervised publically or privately operated shelter designed to provide temporary living accommodations
- Residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings
- In receipt of a judgment for eviction, as ordered by a court.

**Please e-mail the completed referral form to: housingworks@shelterincofccc.org
OR: Call SHELTER, Inc.'s ONE DOOR referral/registration system 925-338-1038**