



KELLY WOODARD, Director

# DEPARTMENT OF SOCIAL SERVICES COUNTY OF MADERA

700 E. YOSEMITE AVENUE / MADERA, CALIFORNIA 93638  
P. O. BOX 569  
(559) 675-7841 PHONE / (559) 675-7603 FAX

An Equal Opportunity Employer

## Madera County Housing Support Program Referral Form

Date: \_\_\_\_\_

Head of Household: \_\_\_\_\_

S.S # \_\_\_\_\_ Last, First, Middle \_\_\_\_\_ Case Number \_\_\_\_\_  
DOB \_\_\_\_\_ Phone/Contact # \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_  
Last, First, Middle \_\_\_\_\_ DOB \_\_\_\_\_ Phone/Contact # \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street Address/Living Location \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Language of Household: \_\_\_\_\_

Total # Persons in Household: \_\_\_\_\_ # of MFG children in home: \_\_\_\_\_

Whom? \_\_\_\_\_

# of unaided person(s) in Household \_\_\_\_\_ Whom? \_\_\_\_\_  
(SSI/SSP, ineligible undoc'd, timed out, sanction, etc.)

Total Household Resource Value: \_\_\_\_\_

**This is the referral – not the application.  
Do not write below this line – referring agency use only (if applicable).**

Referring Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Our agency is currently working with this household: Yes or No

Describe current situation: \_\_\_\_\_

Was there a circumstance that has lead the client to current homeless situation: \_\_\_\_\_

Agency Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Representative email: \_\_\_\_\_

ETW contacted: \_\_\_\_\_ Time: \_\_\_\_\_

# Madera Housing Support Program Screening Tool

Completed by MCDSS staff

Head of Household: \_\_\_\_\_  
Last, First, Middle
DOB
Phone/Contact #

CalWORKs potentially eligible? \_\_\_\_\_ CalWORKs recipient: \_\_\_\_\_ Case #: \_\_\_\_\_

Total # Persons in the Household \_\_\_\_\_ # children 5 or under \_\_\_\_\_ 5+ \_\_\_\_\_

Total Monthly Income \$ \_\_\_\_\_ If housed, current rent \$ \_\_\_\_\_

If homeless, projected rent \$ \_\_\_\_\_ Deposit amount \$ \_\_\_\_\_

**Projected use of funds**

Please check

- Utility Deposit / Back Payment \$ \_\_\_\_\_
- Rental Assistance (move in) \$ \_\_\_\_\_
- Move-in Deposit \$ \_\_\_\_\_
- Moving Expenses \$ \_\_\_\_\_
- Furniture / Household items \$ \_\_\_\_\_

**Accompanying Documentation Needed**

Please check

- Utility Bill
- Lease Agreement
- Proof of Madera County Residency
- W-9 from landlord
- Rental Information Form

I understand this document does not bind Madera County Department of Social Services to provide any level of assistance. The information gathered on this document is solely for the use of determining eligibility and level of need. I further understand the department may deny part or all of the request if found to not fit the eligibility criteria.

\_\_\_\_\_  
Client Signature
Date
Case Manager Signature
Date

**Please note: In addition to above documents, at the time of Application Interview, applicants will be asked to provide: Photo IDs for all adults, Social Security cards (if applicable), proof of income, and complete releases of information.**

Date Referral Received: \_\_\_\_\_ ETW Receiving / Screening Referral: \_\_\_\_\_

Meets HSP Definition  Denial Reason \_\_\_\_\_

Notified Referring Agency (if applicable) Date: \_\_\_\_\_

Worker contacted: \_\_\_\_\_

- Code 8951 – Federally eligible CalWORKs families
- Code 8941 – Non-Federally eligible families (recent non-citizen entrants, TANF timed-out)
- Code 8931 – Non-MOE (Safety Net, drug felon, fleeing felon)