RISING HOPE FOR HOUSING REFERRAL FORM

PLEASE NOTE: This form shall only be used to refer applicants involved in the carceral system for community support services provided by one of the following agencies: A Brighter Way, Catholic Social Services (CSSW), Shelter Association-Delonis (SAWC), and SOS Community Services (SOS). This form must be completed by the referring agency as well as signed and dated. All referrals must include a signed Release of Information (ROI) by the applicant. Completed referral form with ROI can be emailed to Rick Ward skills@abrighterway.org. A Brighter Way's office tel is (734) 896-3770.

Referring Agency: _____Date: _____/_____/_____

Staff Name (Print): _____ Email: _____

Supportive Services Needed ***(to be completed by Referring Agency)***

☐ Child Care	☐ Financial (Awareness) Counseling	☐ Legal Service	☐ Security Deposit
☐ Clothing	☐ Food Assistance	☐ Life Skills Training	☐ Shelter
☐ Criminal Diversion	☐ Housing Advocate	☐ Medical/Health Care	☐ Substance Use Counseling
☐ Criminal Expungement	☐ ID, Driver License, &/or License Reinstatement	☐ Medical Insurance	☐ Transportation
☐ Education	☐ Lacking Furniture	☐ Mental Health Counseling	☐ Trauma-informed Case Mgmt *(grant required)*
☐ Employment	☐ Leasing Application Fee	☐ Move-in Assistance	☐ Utility Shut-off
☐ Family Unification		☐ Peer Support Counseling	☐ Work Supplies
☐ Fair Housing		☐ Rent Arrears/Assistance	

Applicant Contact Information

Full Name: _____ Phone: _____

Age: _____ Gender: _____ DOB: _____/_____/_____ Alt. Phone: _____

Hispanic: Yes/No Race: _____ Last 4 SSN: _____ HMIS#: *(if known)* _____

Is applicant involved in the carceral system: ___ Yes ___ No, another household member is: _____

Housing Choice Voucher Information ***(tenant-based only)***

Voucher Holder Name: _____ Phone: _____

Voucher Start Date/Month: *(if known)* _____/_____/_____ Alt. Phone: _____

Address: _____

Voucher Administering Agency: _____

For example: Ann Arbor Housing Commission, CMA, MSHDA (MI State Housing Development Authority), RPI Management or other.

STAFF USE ONLY

Provider Staff Name (Print): _____ Date: _____/_____/_____

Agency/ies to Which Applicant Should be Referred (use this chart to help you when selecting one or more service providers):

☐ A Brighter Way ☐ CSSW ☐ SAWC ☐ SOS

ROI received _____ Yes _____Eligible _____ Denied Reason for Denial: _____

RELEASE OF INFORMATION (ROI)

ACKNOWLEGEMENT

By signing below, I, _____/_____/_____ acknowledge:
Client's printed name date of birth

- I give _____ permission to share information with the following agencies listed below for the purposes of verification and program coordination.
- I give _____ and the following agencies permission to release and/ or request information regarding housing support, income verification, and coordination/linkage of other supportive services.
- I understand that my written consent allows information to be shared among agencies for the purpose to better coordinate services for my household.
- I understand that I may withdraw my consent to share information at any time; however, any information already shared with another agency cannot be taken back.
- I understand that the refusal to share information will not be used to deny me services; however, refusal to share information may impact your success of the program.

AGENCIES PARTICIPATING IN SHARING

- Ann Arbor Housing Commission
- A Brighter Way
- Catholic Social Services
- Shelter Association of Washtenaw County (SAWC)
- SOS Community Services
- Washtenaw Housing Alliance

This Release is active for one year effective the date of the Signature.

Client signature: _____ Date: _____/_____/_____

Signature of guardian or authorized representative (when required): _____

Relationship to client: _____ Date signed by guardian/authorized representative: _____/_____/_____

FOR REFERRING AGENCY USE ONLY

I, _____, certify that I have conveyed the information above to the client and that I am witnessing the clients agreement to release and/ or request information with the following agencies.

SIGNATURE OF STAFF WITNESS _____ DATE _____/_____/_____

SECOND WITNESS (FOR VERBAL RELEASE) _____ DATE _____/_____/_____

REFERRING AGENCY _____