

**Family Supportive Housing (FSH) Program
At-Risk of Homelessness Interim (30-day) - Referral Form**

Date of Referral: _____

Referring Agency & Contact Information:

Referring Agency: _____ Contact Name: _____

Phone Number: _____ Email: _____

Family Contact Information:

Name: _____

Phone Number: _____ Email: _____

Current Known Address: _____

Please confirm:

The household includes minor children.

The household is interested and willing to participate in Family Supportive Housing.

Please confirm the family meets the HUD/AHS definition of at risk of homelessness¹ (all three components must be checked and attested to by the family and referring agency):

1. Has an annual income below 30% of median family income for the area: AND
2. Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1² of the "homeless" definition; AND
3. (select one from the list of three below)

B- *Is living in the home of another because of economic hardship;*

C – *Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of the application for assistance;*

D- *Lives in a hotel or motel and the cost is not paid for by charitable organizations or by federal, state, or local government programs for low-income individuals.*

¹ https://files.hudexchange.info/resources/documents/AtRiskofHomelessnessDefinition_Criteria.pdf

² https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

Please check all that are applicable:

Over the past 3 years, the family has had multiple episodes of homelessness OR experienced a period of homelessness that has lasted for one year or more.

The family is open for services (has an active case) with DCF Family Services.

The family has at least one child under the age of six.

Summary of Circumstances (Reason for Referral & Other Helpful Information)

I attest that the information provided above is accurate.

Client Signature

Date

Agency Manager/Supervisor Signature

Date