



HIPhousing

SELF-SUFFICIENCY PROGRAM REFERRAL

Date: _____ Client's Name: _____

Client's Date of Birth: _____ SSN _____ - ____ - _____ Marital Status _____

Client Address: _____

Client Phone: home (_____) _____ cell (_____) _____

Spouse/partner's Name, SSN, & DOB _____

Number of dependent children: _____ Sex and age of children: _____

Please check boxes that apply to this client:

- over 18 or an emancipated minor
- a parent with minor children (under age 18) living with them
- Living, working or going to school in San Mateo County
- Has the legal right to work in the United States
- Has a low income (< 50% AMI) (AMI by family size: 2=\$46,900, 3=\$52,750, 4=\$58,600)
- If in recovery, has been clean and sober for at least 6 months
- Registered for, enrolled in, or has recently completed vocational training or an education program (within last 6 months).
- Applicant's education or training program will be completed within 1 year (for the HOP Program) or 2 years (for the SHARE program).
- Applicant's education or training program will increase earning power and lead to a career that will allow the family to be financially self-sufficient.

CLIENT'S CURRENT HOUSING SITUATION: _____

PLEASE DESCRIBE CLIENT'S EDUCATION/ TRAINING PLANS OR ACCOMPLISHMENTS:

HAS THE APPLICANT EVER BEEN IN A TREATMENT CENTER FOR SUBSTANCE ABUSE? _____

Which Program? _____ For how long? _____ Date of completion _____

REFERRED BY _____ PHONE # _____

AGENCY _____

REFERRANT'S SIGNATURE

For the intake appointment, client must bring: *For adult(s):* Driver's License or ID, birth certificate, Social Security card or green card, resume, bank statement, verification of school enrollment/completion, list of monthly expenses, substance abuse treatment verification (if applicable), verification of all income sources. *For children:* Social Security Card, Birth Certificate, verification of school or daycare.

Confidentiality: All client information will be held in strictest confidence with some exceptions which are allowed or mandated by law including: situations where the client is a danger to themselves or another person, suspected abuse or neglect of children or the elderly, by court order, or appropriate discussion with other professionals for consultation.

If the client no-shows to the intake appointment, they will be denied admission to the program.

Please fax or email completed form to Self-Sufficiency Program Assistant Regina Martin

Fax: (650) 348-0284, email: rmartin@hiphousing.org

Questions? Call (650) 348-6660 x325