



HIPhousing

## Self-Sufficiency Program Reference Form

\_\_\_\_\_  
(Applicant Name)

\_\_\_\_\_  
(Date)

This individual has referred themselves to the Self-Sufficiency Program and has given your name as a personal reference. Please refer to the "What is SSP?" information sheet for a description of the Self-Sufficiency Program. Answer the following questions as openly as possible to help us assess whether our program is a good match for them given their strengths and needs. If necessary, you may provide us with additional information regarding the applicant by attaching another sheet of paper to this reference form. Your reference will remain confidential in the applicant's file and will be viewed only by persons on the Selections Committee. Must be completed by a case worker, school counselor or employer. ***This form cannot be completed by a family member or friend.***

\_\_\_\_\_  
(Reference Name)

\_\_\_\_\_  
(Relationship)

(Reference Signature) X \_\_\_\_\_

\_\_\_\_\_  
(Agency / Affiliation)

\_\_\_\_\_  
(Telephone)

How do you know this person?  
\_\_\_\_\_  
\_\_\_\_\_

What do you consider their current challenges and needs?  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe them as a student? an employee? a tenant? a parent? a client?  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe their level of commitment and self-motivation? What progress have you seen them make?  
\_\_\_\_\_  
\_\_\_\_\_

Other? \_\_\_\_\_

*Please email, fax, or mail this form to:*

Regina Martin, Program Assistant, Human Investment Project (HIP) Housing

RMartin@hiphousing.org

800 South Claremont #210, San Mateo, CA 94402

Telephone: 650-348-6660 x325, FAX 650-348-0284