

# Permanent Supportive Housing Referral Form

## Chronically Homeless Preference

(Edited 10/17/17)

Please complete this form for the applicant below. The purpose of this form is to verify that the applicant below is enrolled in a Permanent Supportive Housing Program and is therefore eligible to be considered for the City of Hartford Housing Authority Housing Choice Voucher Chronically Homeless Preference. Applicants who indicate they are residing in a PSH Program who are unable to obtain one of these forms will not be considered eligible for this preference.

### Applicant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ ECM/HMIS ID: \_\_\_\_\_

### Permanent Supportive Housing Provider Referral Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
PSH Program Applicant is Currently Enrolled in (name of program): \_\_\_\_\_  
How long has the client been enrolled in this program? \_\_\_\_\_ months  
Agency providing rental subsidy: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

By signing below, I certify that the above applicant is currently enrolled in the program mentioned above and is in good standing with the program as of the signing of this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date