

Rapid Rehousing 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 Rapid Rehousing Program and was verified Chronic prior to entering the 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 enrolled in a Rapid Rehousing 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: _____ VI-SPDAT SCORE: _____

Rapid Rehousing Provider Referral Information

Name: _____ Title: _____
Agency: _____
Phone Number: _____ Email: _____
Rapid Rehousing Program Applicant is Currently Enrolled in: _____
How long has the client been enrolled in this program? _____ months
 By checking this box, I certify that the program participant met the criteria for being chronically homeless immediately prior to entering the Rapid Rehousing program and that the completed disability verification and homeless verification forms demonstrating this chronic status have been submitted along with this application.

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