## Pier 360/CVAB HARPS Referral – Southwest WA

A referral is evaluated for an individual's eligibility for supportive housing services and short-term bridge subsidies. Please complete as much of the form as possible with your participant to give us a better understanding of how we can provide support, if any. A referral is not a guarantee of receiving housing support or subsidy funds.

Date of Referral:				
Referring Agency Information				
Agency/Facility staff making referral name:		Phone:		
Agency/Facility:		Email:		
Person Being Refer	ed Information			
Name of Individual:		Contact Info/Phone/Email:		
Date of birth:		Contact Preferences: ☐ Pho	one 🗆 Text 🗆 Email	
Currently in an inpatient setting?  ☐ Yes ☐ No	Name of Facility:		Anticipated Discharge Date:	
Where were you living prior to this referral, and if applicable, how were you paying for it:				
What are your plans for financially getting and keeping your housing?				
Income and Housing Information				
Do you have any money coming in from any source(s)?		Do you need any ADA accommodation?		
☐ No ☐ Yes, source & amount (required):		□ No □ Yes		
Interested in shared living/room rental?  ☐ Yes ☐ No		Have you completed a housing assessment through the Council for the Homeless?  ☐ Yes ☐ No		
Have you worked with any housing programs in the past? ☐ No ☐ Yes (when/which ones):		Are you on any housing program or voucher waitlists?  ☐ No ☐ Yes (which ones):		
Do you currently have any type of housing voucher or subsidy? ☐ No ☐ Yes (type):		Are you working with any o ☐ No ☐ Yes (who?):	ther housing program(s)?	

Have you ever lived in Recovery-Based housing?	Interested in Recovery-Based housing?			
☐ No ☐ Yes (what kind):	□ No			
	☐ Yes			
Supports needed from HARPS Housing Team (required for Permanent Supportive Housing review)				
☐ Obtaining ID/Driver's License				
☐ Connecting to Employment Supports				
☐ Developing Independent Living Skills-Peer Support				
☐ Community Adjustment Support				
☐ Finding Resources				
☐ Recovery/General Peer Support				
☐ Housing Search Support				
☐ Housing Stability/Retention Support				
☐ Financial Assistance (please describe):				
(Some examples of financial assistance include application fees, deposit assistance, housing debt, utilities, some rent				
while in treatment, short-term rental subsidy, identification, and other items/services to assist with transitioning from				
an inpatient setting and/or stabilizing in housing.)  Other information that will helpful when reviewing:				
Other information that will helpful when reviewing:				
*Please note, financial assistance may be limited depending on available resources. While referrals from other				
sources are welcome, individuals referred from psychiatric inpatient and/or residential substance use disorder				
facilities will be prioritized for HARPS services.  Check this box to indicate a Release or Exchange of information is included so the housing team may contact the				
individual while still in the inpatient setting; otherwise, there will be a delay in supporting the individual.				

New referrals are reviewed for eligibility and assigned to a Peer within three business days of receipt. Once assigned, a Peer will attempt contact within 48 hours. Please send all completed referrals via secure email to <a href="mailto:referral@cvab.org">referral@cvab.org</a> or fax completed form to 360.397.8059.