



Neighborhood House

Helping Neighbors Help Themselves

NEIGHBORHOOD HOUSE HOMELESS PROGRAM

HOW TO REFER A FAMILY

Thank you for your interest in referring a family to transitional housing. Please complete the following information.

The forms may be faxed back to our office 503-245-2819 attn: **Homeless Placement Specialist**.

The process will be as follows:

1. The applications will be evaluated for eligibility.
2. A confirmation receipt will be faxed back to you within 10 working days. The confirmation will also state if the family is eligible for further review. Please make sure you include a fax number.
3. A family can be placed on our homeless wait list for up to 2 months. If additional time is necessary, please fax an explanation so that the referral can be extended.
4. Do not have the family call to find out where they are on the waitlist. You will be notified once an opening occurs. We cannot guess the length of the waitlist, it is dependant on the success of families currently enrolled in the program and their placement into permanent housing.
5. Under no circumstances will we contact the client directly without going through the referral source.

Please be careful when referring families into our program. We stress we are a complete program and not just housing. We have many expectations for the family and our program takes a lot of work to successfully complete.

Neighborhood House has a few different homeless programs available. The Homeless Placement Specialist will determine the best fit for the family.

Families will be denied for the following reasons: no children or a verifiable pregnancy; if they have 3 or more evictions; violent offenses; are registered sex offenders; manufacturing of a controlled substance charge; have an open warrant; or are in need of a safe house.

If you have any further questions, please visit our website at www.nhweb.org or call the Homeless Placement Specialist at 503-830-3667.

**TRANSITIONAL HOUSING REFERRAL FORM
(TO BE COMPLETED BY REFERRING AGENCY)**

NAME OF FAMILY BEING REFERRED: _____

NAME OF PERSON COMPLETING REFERRAL: _____

AGENCY NAME: _____ PHONE #: _____

POSITION: _____ FAX #: _____

HOW LONG HAVE YOU KNOWN THIS FAMILY? _____

HOW DID YOU BEGIN WORKING WITH THIS FAMILY: _____

WHAT SERVICES ARE YOU PROVIDING FOR THE FAMILY: _____

WHAT SERVICES WILL YOU PROVIDE FOR THE FAMILY AFTER PLACEMENT
INTO TRANSITIONAL HOUSING: _____

WHAT ARE THE FAMILY STRENGTHS: _____

ARE THERE ANY CONCERNS WE SHOULD BE AWARE OF REGARDING THE FAMILY: _____

CHOOSE THE FOLLOWING OPTION:

I FEEL THE FAMILY WOULD BE BEST SUITED FOR TURNING POINT. I UNDERSTAND THE APARTMENTS ARE SMALL ONE BEDROOM EFFICIENCIES AND ARE LOCATED IN SW PORTLAND. THE PROGRAM CONSISTS OF INTENSIVE CASE MANAGEMENT AND MANDATORY CLASSES AND WORKSHOPS.

I FEEL THE FAMILY WOULD BE BEST SUITED FOR A SCATTERED SITE UNIT. THE FAMILY SHOULD BE ABLE TO GET A UNIT IN THEIR NAME WITH SOME ASSISTANCE AND SHOULD BE ABLE TO PAY THE ENTIRE RENT IN A FEW MONTHS.

BY SIGNING THIS REFERRAL FORM, I UNDERSTAND THAT THE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AM RECOMMENDING THE FAMILY TO THE HOMELESS PROGRAM AND I BELIEVE THEY WILL MAKE THE NECESSARY CHANGES TO IMPROVE THEIR HOMELESS SITUATION.

Signature of referring staff person

Date

(TO BE COMPLETED BY THE FAMILY)

NAME: _____

RELATIONSHIP: **SELF** DATE OF BIRTH: _____ AGE: _____

PLEASE LIST ALL FAMILY MEMBERS WHO WILL MOVE INTO THE HOUSEHOLD IMMEDIATELY

NAME: _____

RELATIONSHIP: _____ DATE OF BIRTH: _____ AGE: _____

NAME: _____

RELATIONSHIP: _____ DATE OF BIRTH: _____ AGE: _____

NAME: _____

RELATIONSHIP: _____ DATE OF BIRTH: _____ AGE: _____

NAME: _____

RELATIONSHIP: _____ DATE OF BIRTH: _____ AGE: _____

NAME: _____

RELATIONSHIP: _____ DATE OF BIRTH: _____ AGE: _____

PLEASE LIST ALL FAMILY MEMBERS WHO WILL MOVE INTO THE HOUSEHOLD AT A LATER DATE

NAME: _____

RELATIONSHIP: _____ DATE OF BIRTH: _____ AGE: _____

NAME: _____

RELATIONSHIP: _____ DATE OF BIRTH: _____ AGE: _____

NAME: _____

RELATIONSHIP: _____ DATE OF BIRTH: _____ AGE: _____

PLEASE EXPLAIN WHY THE FAMILY MEMBERS ARE NOT CURRENTLY IN THE HOUSEHOLD. WHEN WILL THEY BE RETURNING: _____

HOW DID YOU BECOME HOMELESS: _____

IS THIS THE FIRST TIME YOU HAVE EXPERIENCED HOMELESSNESS: _____

IF NOT, HOW MANY TIMES HAVE YOU EXPERIENCED HOMELESSNESS IN THE PAST: _____

WHERE ARE YOU CURRENTLY STAYING: _____

HOW LONG CAN YOU BE THERE: _____

WHY HAVEN'T YOU RENTED A PLACE ON YOUR OWN YET: _____

DO YOU HAVE ANY EVICTIONS ON YOUR RECORD: _____

DATE	EXPLANATION	CITY/STATE

WHAT STEPS HAVE YOU TAKEN TO OVERCOME YOUR HOMELESSNESS: _____

PLEASE LIST ANY ARRESTS, EVEN IF THE CHARGES WERE DROPPED:

NAME	DATE	CHARGE	DISPOSITION

PLEASE COMPLETE THE FOLLOWING CHART SO THAT WE KNOW WHAT OTHER AGENCIES YOU ARE RECEIVING SERVICES FROM:

AGENCY	NAME OF WORKER	PHONE #	SERVICES
TANF			
DHS (CHILD SVS)			
PAROLE/PROBATION			
DV COUNSELOR			
MH COUNSELOR			
A&D COUNSELOR			
EDUCATION			
OTHER			

SOURCE OF INCOME: _____ \$ _____

_____ \$ _____

_____ \$ _____

PLEASE EXPLAIN IN YOUR OWN WORDS WHAT YOU HOPE TO GAIN FROM PARTICIPATING IN OUR HOMELESS PROGRAM: _____

CHOOSE THE FOLLOWING OPTION:

() I FEEL MY FAMILY WOULD BE BEST SUITED FOR TURNING POINT. I UNDERSTAND THE APARTMENTS ARE SMALL ONE BEDROOM EFFICIENCIES AND ARE LOCATED IN SW PORTLAND. THE PROGRAM CONSISTS OF INTENSIVE CASE MANAGEMENT AND MANDATORY CLASSES AND WORKSHOPS.

() I FEEL MY FAMILY WOULD BE BEST SUITED FOR A SCATTERED SITE UNIT. MY FAMILY SHOULD BE ABLE TO GET A UNIT IN OUR NAME WITH SOME ASSISTANCE AND SHOULD BE ABLE TO PAY THE ENTIRE RENT IN A FEW MONTHS.

I CHOSE THE ABOVE OPTION BECAUSE: _____

I UNDERSTAND THAT BY SIGNING THIS FORM I AM GIVING PERMISSION TO THE REFERRING AGENCY TO DISCLOSE INFORMATION TO NEIGHBORHOOD HOUSE THAT WOULD HELP WITH PLACEMENT INTO THE TRANSITIONAL HOUSING PROGRAM. I HAVE COMPLETED THIS FORM TO THE BEST OF MY ABILITY AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE.

NAME DATE

NAME DATE

PLEASE ATTACH ADDITIONAL PAPERS IF NECESSARY. WE WANT YOU TO BE AS THOROUGH AS POSSIBLE.

All forms of this referral must be submitted together.