



MEMPHIS HOUSING AUTHORITY

700 Adams Avenue Memphis, Tennessee 38105 (901) 544-1100 (Main) (901) 544-1218 (Fax) www.MemphisHA.org

**HOUSING CHOICE VOUCHER PROGRAM
MAINSTREAM PROGRAM
REFERRAL FORM FOR THE MEMPHIS/SHELBY COUNTY CoC**

Household Name:					Referral Date:		
Current Address:					Phone #		
Relation	Last Name	First Name	MI	Social Security #	Date of Birth	Age	E/D*
HOH							
<p align="center">Does your family need reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Wheelchair Accessibility <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Separate Sleeping Quarters</p>							

*Relation: HOH – head of household; S – Spouse; Y – Youth under 18; A - Other Adult * E/D – Elderly or Disabled (One member must be disabled)*

Service Provider		
Name:	E-Mail:	Phone:
Referring Agency:		
<p>This household is currently <input type="checkbox"/> Homeless <input type="checkbox"/> At-Risk of Becoming Homeless <input checked="" type="checkbox"/> Institutionalized <input type="checkbox"/> At-Risk of Institutionalization and is currently residing in <input type="checkbox"/> A Nursing Home <input type="checkbox"/> A Mental Health Institution <input type="checkbox"/> Family-to-Family <input type="checkbox"/> A Shelter <input type="checkbox"/> A Vehicle <input checked="" type="checkbox"/> Other: <u>A homeless program with mandated staff visits</u></p>		

I certify that the above-household has been screened and meets the initial eligibility requirements for the Mainstream Program.

Name: _____ **Signature:** _____ **Date:** _____

To refer a household:

- 1.) Complete the MOU agreement (one per agency) found on CAFTH.org
- 2.) Fill out the Mainstream Voucher Program Referral Form and Assessment Form (Found on CAFTH.org)
- 3.) Fill out the HUD-form 9886, Authorization for Release of Information (found on CAFTH.org)
- 4.) Please email all forms to CAFTH’s Continuum of Care Coordintaor, Kirsten Hipkins at: kirsten@cafth.org

For HCVP Use Only:

Approved Denied/Reason: _____ Date: _____

