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							

Does your family need reasonable accommodations? ☐ Yes ☐ No

☐ Wheelchair Accessibility ☐ Visual Impairment ☐ Hearing Impairment ☐ Separate Sleeping Quarters

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:		

This household is currently ☐ Homeless ☐ At-Risk of Becoming Homeless ☑ Institutionalized ☐ At-Risk of Institutionalization **and is currently residing in** ☐ A Nursing Home ☐ A Mental Health Institution ☐ Family-to-Family ☐ A Shelter ☐ A Vehicle ☑ Other: A homeless program with mandated staff visits

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 Coordinated Entry Facilitator, Kevin Woods at: kevin@cafth.org

For HCVP Use Only:

☐ *Approved* ☐ Denied/Reason: _____ Date:_____

Revision Date: 3/4/19