

MTW RAPID REHOUSING VOUCHER PROGRAM CHRONICALLY HOMELESS PRE-APPLICATION

Based on presented information, the individual listed below meets the preliminary qualifications for HACG's MTW Activity, Innovations to Reduce Homelessness. **By signing below**, the referring agency is certifying that the listed **individual meets the definition of Chronically Homeless, can produce documentation to support their identity, family composition, and income, and understands the importance of keeping appointments, updating contact information, and remaining active in services.**

Originating Agency¹: _____

Case Management Agency²: _____

Case Manager: _____ Phone: _____

Referral's Name: _____

Current Address: _____

Contact Number: _____ Alternate: _____

Year of Birth: _____ 18+³: _____ Gender: _____

Last 4 of SSN: _____ Annual Income: _____

Income Source(s): _____

Household Status: Individual Single-Parent Family Composition: Adults Minors

VI-SPDAT Assessment Pre-Screen Total _____	Veteran?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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By signing below, I attest that the information presented is true and accurate to the best of my research **AND** understand that fraudulent information, whenever detected, is grounds for the family's dismissal from the MTW RRV Program and grounds for referral denials from said agency.

Authorized Representative: _____ Referral Date: _____

Agency: _____ Contact #: _____

I, Terry Gallups , HfG representative, affirm that I have received and reviewed the referral app for completeness before sending the referral app to HACG for consideration. _____ (initials)	
E: terryg@unitedwayofthecv.org	F: 706.571.2271
HfG respectfully submits preliminary documentation to HACG supporting MTW RRV consideration.	

¹ What agency referred individual, DFCS, MCSD, Open Door, Salvation Army, etc. . .?
² What agency is providing case management, American Works, Columbus Regional, New Horizons, etc. . .?
³ Must be able to legally enter into a contract