



KAM HOUSE – Independent Living Housing Program - Referral Form

Program Name: KAM House – Independent Shared Living Program

Operating Entity: KAM Realty Group LLC (DBA: KAM House)

Phone: 917-633-8323 or (888) 243-4235

Email: miner@kamhouse.org or Mminer@mtcrealestategroup.com

Website: <https://kamhouse.org/>

Referral Agency Information

Agency Name: _____

Caseworker Name: _____

Phone Number: _____

Email Address: _____

Date of Referral: _____

Client Information

Client Full Name: _____

Date of Birth: _____

Age: _____

Phone Number: _____

Email: _____

Veteran Status (Yes/No): _____

Returning Citizen (Yes/No): _____

Recovery Status: _____

Source of Income (SSI/SSDI/Employment/VA/etc.): _____

Monthly income: _____

Housing Needs

Preferred Room Type (Private / Semi-Private): _____

Desired Move-In Date: _____

Caseworker Notes: _____