

KAM HOUSE – Referral Form

Location: Newburgh, NY

Program Type: Independent Living Housing (55+, Veterans, Returning Citizens, Sober Individuals in Recovery)

Referral Agency Information

Agency Name: _____

Caseworker Name: _____

Phone Number: _____

Email Address: _____

Date of Referral: _____

Client Information

Client Full Name: _____

Date of Birth: _____

Age (Must be 55+): _____

Phone Number: _____

Email: _____

Veteran Status (Yes/No): _____

Returning Citizen (Yes/No): _____

Recovery Status: _____

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

Housing Needs

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

Desired Move-In Date: _____

Caseworker Notes: _____