

Housing Referral Questionnaire

*Please email completed form to (homecare@alpharesidentialcareagency.com)

Section 1: Referrer Information

- Referrer's Full Name: _____
- Relationship/Agency Name: _____
- Phone Number: _____
- Email Address: _____
- Date of Referral: _____

Section 2: Applicant Details

- Applicant's Full Name: _____
- Date of Birth (DD/MM/YYYY): _____
- Gender Identity: _____
- Phone Number: _____
- Email Address: _____

Current Living Situation (check one):

- ☐ Homeless
- ☐ Emergency Shelter
- ☐ Couchsurfing
- ☐ Institutional (hospital, jail, rehab)
- ☐ At risk of homelessness
- ☐ Other: _____

- Preferred move-in date: _____

Section 3: Support Needs

1. Does the applicant require support with any of the following? (Check all that apply)
 - ☐ Medication reminders
 - ☐ Substance use
 - ☐ Daily living activities
 - ☐ Food and meal preparation
 - ☐ Mental health
 - ☐ Financial management
 - ☐ Transportation
 - ☐ Other: _____
2. Does the applicant have a case manager, parole officer or individual who is in charge of your treatment for any services or supports?
 - ☐ Yes
 - ☐ NoIf yes, please list services or providers and add their contact information:

3. Does the applicant have a history of behavioral or safety concerns?
 - ☐ Yes
 - ☐ NoIf yes, please describe:

Section 4: Housing Suitability

1. Has the applicant lived in shared housing before?
 - ☐ Yes
 - ☐ NoIf yes, how was the experience?

2. Is the applicant willing and able to share common spaces and responsibilities (e.g., cleaning, shared kitchen, shared bathroom)?

☐ Yes

☐ No

Comments:

3. Are there any factors that may affect compatibility with other residents? (e.g., pets, smoking, night work, noise sensitivity)(We cannot accept any animals in the house.)

4. Please identify the applicant's funding source which will be used to pay for their housing expenses.

Section 5: Additional Notes

Please provide any additional information that will help in assessing the applicant's suitability for the housing program:

Section 6: Consent

☐ I confirm that the applicant has consented to this referral and the sharing of the above information with the housing provider.

• Signature of Referrer: _____

• Date: _____