



MID SHORE ROUNDTABLE ON HOMELESSNESS COC
PERMANENT SUPPORTIVE HOUSING REFERRAL FORM

Date: _____

Referring Agency: _____

Person completing referral: _____

Phone: _____

Email: _____

Client Name: _____

Age: _____ DOB: _____

Contact/Phone number: _____

of Household Members: _____ # of Minor Children: _____ # of Pets: _____

Client current living situation: _____

What other housing options do they have (*even if only for a short period of time*)?

What is their current source of income, if any? _____

Have they previously been enrolled in the CoC permanent supportive housing program? Yes No

Are they receiving assistance from any other organization? _____

Is client willing to go to a shelter? Yes No (**refer to shelter bed availability spreadsheet**)

Has client been entered into HMIS system? Yes No Unsure

If yes, please indicate HMIS client ID: _____

Has client completed the VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Prescreen Tool) by Fran Doran, CoC Coordinated Entry Person?

If yes, please indicate VI-SPDAT score: _____

Is client a veteran or a member of their family a veteran? Yes No

Veteran Resources: VA Homeless Outreach: (443) 326-4337

All veterans may be referred to one of the Supportive Services for Veteran Families (SSVF) Programs:

St. James: (410) 742-1427

Alliance: (410) 804-4998

Have they been a recent victim or have a history of domestic violence? Yes No

May be referred to Mid-Shore Council on Family Violence: 1-800-927-4673

Additional Notes or Comments:

Please submit this form completed in its entirety to:

Jazzmine Davis: jdavis@midshorebehavioralhealth.org

Ashley Kessinger: akessinger@midshorebehavioralhealth.org

You may call 410-770-4801 with any questions.