

A Way Home for Tulsa

Tulsa City & County Continuum of Care

Permanent Supportive Housing (PSH) Referral Form

Referral Information			
Date:			
Referral Prepared By:			
Contact Person (if different):		Phone:	
Agency:			
Address:		City/State/Zip:	
Client Information			
Applicant Name:			
Pronouns:		Date of Birth:	
Address:		City/State/Zip:	
Mailing Address (if different):		City/State/Zip:	
Current Living Situation:			
Phone:		Alternate	
Filone.		Phone:	
SSN:			
Have you served in the military?	Yes No	Receive SSI or	Yes No
		SSDI?	103100
Emergency Contact:		Phone:	
Relationship:			
Address:		City/State/Zip:	
Household Members			
Name:		Date of Birth:	
Relationship:			
Name:		Date of Birth:	
Relationship:			
Name:		Date of Birth:	
Relationship:			
Name:		Date of Birth:	
Relationship:			



Include the following documents	with this form	:	
Chronic Homelessness Forn	n		
Disability Verification			
Applicant/Client Signature:		Date:	
Preparer Signature:		Date:	
Preparer is Applicant's Case			
Manager:	Yes	No (Case Manager required for VOA app.)	
Housing Staff Only			
Volunteers of America			
		Date	
Received By:		Application	
		Received:	
Accented	Yes		
/ leepted.	103		
Tulsa Day Center			
		Date	
Received By:		Application	
Received by:		Received:	
		Received.	
Mental Health Association			
Reviewed by Staff Performing			
Intake:			
Signature of Staff:	·	Date:	



HUD Chronic Homeless Documentation

Chronic homeless documentation for: _____

	ion	Location Des	То	From
		<u> </u>		
Drinted Newson Completing Former				
Drinted News of Demon Completing Former				
Printed Name of Person Completing Form:		rm:	f Person Complet	Printed Name of
Agency: Phone: Email Address:	ail Address:			

Any funds provided may be federal and subject to HUD regulations. By signing this document, I am saying that all the information I've included is true and correct and I understand that if I included information I KNOW is false or not true, I may be prosecuted by the State of Oklahoma or the United States Government.

_____ Date: _____

Signature: _____



HUD Chronic Homeless Self-Certification Documentation

Chronic homeless documentation for: _____

From	То	Location Description

Printed Name of Participant: _____

Signature: _____

_____ Date: _____

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