



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:	_____	Phone:	_____
Address:	_____	City/State/Zip:	_____

Client Information

Applicant Name:	_____	Date of Birth:	_____
Pronouns:	_____	City/State/Zip:	_____
Address:	_____	City/State/Zip:	_____
Mailing Address (if different):	_____		
Current Living Situation:	_____		
Phone:	_____	Alternate Phone:	_____
SSN:	_____		
Have you served in the military?	____ Yes ____ No	Receive SSI or SSDI?	____ Yes ____ No
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:

<input type="checkbox"/> Chronic Homelessness Form	
<input type="checkbox"/> Disability Verification	
Applicant/Client Signature: _____	Date: _____
Preparer Signature: _____	Date: _____
Preparer is Applicant's Case Manager: <input type="checkbox"/> Yes <input type="checkbox"/> No (Case Manager required for VOA app.)	

Housing Staff Only

Volunteers of America		
Received By: _____	Date	_____
	Application	_____
	Received:	_____
Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tulsa Day Center		
Received By: _____	Date	_____
	Application	_____
	Received:	_____
Mental Health Association		
Reviewed by Staff Performing Intake: _____		
Signature of Staff: _____	Date:	_____

