



A Way Home for Tulsa

Tulsa City & County Continuum of Care Rapid Rehousing (RRH) Referral Form

Referral Information

Date:	_____	Phone:	_____
Referral form prepared by:	_____	Phone:	_____
Contact Person (if different):	_____	Address:	_____
Agency:	_____	City/State/Zip:	_____

Client Information

HOH/Applicant Name:	_____	HMIS #:	_____
Preferred Pronouns:	_____	Date of Birth:	_____
Email Address:	_____	City/State/Zip:	_____
Mailing Address:	_____	Phone:	_____
Alternate Phone:	_____	SSN:	_____
Currently Receiving Income:	___ YES ___ NO	Employed:	___ YES ___ NO
Emergency Contact:	_____	Relationship:	_____
Address:	_____	Phone:	_____
City/State/Zip:	_____	Breed(s):	_____
How many pets do you have:	_____	Spayed/Neutered:	___ YES ___ NO
Is pet(s) current on vaccines:	___ YES ___ NO	Veterinarian:	_____
Is pet(s) a Service Animal:	___ YES ___ NO	Year(s):	_____
If yes, do you have documentation:	___ YES ___ NO	Year(s):	_____
Eviction History:	___ YES ___ NO		
Systems/Justice Involvement:	___ YES ___ NO		



Marital Status: _____	Pregnant: _____ YES _____ NO Projected Date of Birth: _____
Other Household Members	
Name: _____	Date of Birth: _____
Relationship: _____	Income: _____ YES _____ NO
Name: _____	Date of Birth: _____
Relationship: _____	Income: _____ YES _____ NO
Name: _____	Date of Birth: _____
Relationship: _____	Income: _____ YES _____ NO
Name: _____	Date of Birth: _____
Relationship: _____	Income: _____ YES _____ NO
Name: _____	Date of Birth: _____
Relationship: _____	Income: _____ YES _____ NO
Name: _____	Date of Birth: _____
Relationship: _____	Income: _____ YES _____ NO

The following documents will be needed as soon as possible. Please provide ASAP and check off the list if included.

- _____ Social Security Card for all Household Members
- _____ Photo ID for all Adult Household Members
- _____ Birth Certificate for Children in the Household
- _____ Homeless certification letter
- _____ Documentation of Income/Benefits (if applicable); pay stubs or award letter
- _____ Check here if \$0 income

Applicant/Client Signature: _____ Date: _____

Preparer Signature: _____ Date: _____