



**A Way Home for Tulsa  
Tulsa City & County Continuum of Care  
Transitional Housing (TH) Referral Form**

**Referral Information**

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Date: \_\_\_\_\_

Referral Prepared By: \_\_\_\_\_  
Contact Person (if different): \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**Client Information**

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Applicant Name: \_\_\_\_\_  
Preferred Pronouns: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_  
Current Living Situation: \_\_\_\_\_  
Phone: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Have you served in the military? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_  
Do you receive SSI or SSDI? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**Household Members**

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Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Applicant/Client Signature: \_\_\_\_\_  
Preparer Signature: \_\_\_\_\_  
Preparer is Applicant's Case Manager: \_\_\_\_\_ Yes \_\_\_\_\_ No

Date: \_\_\_\_\_  
Date: \_\_\_\_\_