



County of Ventura
 Human Services Agency – Homeless Services Program
 1400 Vanguard Drive #3, Oxnard, CA 93033
 Phone (805) 385-1800 Fax (805) 385-1822



Homelessness Prevention & Rapid Re-Housing Program (HPRP) & Emergency Solutions Grant Program (ESG) Referral Form

Date _____ Homeless Homelessness Prevention

Head of Household _____ Homeless Homelessness Prevention
Last, First, Middle DOB Phone/Contact #

Spouse/Partner _____ Homeless Homelessness Prevention
Last, First, Middle DOB Phone/Contact #

Current Address _____ Homeless Homelessness Prevention
Street Address/Living Location City Zip

Does your agency currently have a relationship with this household? Yes / No _____

Primary language of household _____

If funds are granted, do you intend to provide case management services to the household? Explain _____

Total Monthly Household Income \$ _____ Total # Persons in Household _____

If housed, current rent \$ _____

In homeless, projected rent \$ _____ Deposit \$ _____

| | |
|--|--|
| <p>Projected Use of Funds <small>Please check</small></p> <p><input type="checkbox"/> Utility Deposit / Back Payment \$ _____</p> <p><input type="checkbox"/> Rental Assistance (move in) \$ _____</p> <p><input type="checkbox"/> Move-In Deposit \$ _____</p> <p><input type="checkbox"/> Overdue Rent (eviction prevention) \$ _____</p> <p><input type="checkbox"/> Moving Expenses \$ _____</p> | <p>Accompanying Documentation Needed</p> <p><input type="checkbox"/> Utility Company statement</p> <p><input type="checkbox"/> Lease Agreement</p> <p><input type="checkbox"/> Lease Agreement</p> <p><input type="checkbox"/> Eviction Notice / Overdue Bill</p> <p><input type="checkbox"/> Company Cost Estimate</p> |
|--|--|

Please note: In addition to above documents, at the time of Application Interview, all applicants must provide: proof of Ventura County residency, photo IDs for all adults, Social Security cards, and proof of income.

Referring Agency _____ Address _____
Please Print

Agency Representative _____ Phone _____

Agency Representative e-mail _____ Fax _____

This is a referral – not an application.
 Do not write below this line – for HSA use only.

Date Received _____ Fax Mail Hand Delivery Worker Receiving _____

Disposition:

Screened by _____ Date _____

Move to Interview Yes No

Assigned to social worker for intake Date _____ Worker assigned _____

Application screened out as inappropriate

Referring Agency Notified

Date _____ Worker _____