

RE:

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Applicant's Name (print)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify this individuals stay in your institution. Verification of an institution stay must be a written referral from a social worker, case manager, or other appropriate official of the institution. The referral must include: the institution name and address, the applicant's length of stay including the entry and exit dates, and the title and signature of the institution staff providing the information.

I do hereby authorize the release of this information:

Applicant's Name	Applicant Signature	Date

SECTION BELOW TO BE COMPLETED BY INSTITUTION STAFF OR HOUSING PROVIDER STAFF

(Applicant's Name) entered (institution)

Facility Name	located at		
Facility Address			
on	 Date In	and exited or will exit the institution on	 Date Out

Please provide any information you may have regarding the individual's living arrangements prior to admission to your facility:

This information was collected by means of:

- Written Referral from Institution
- Oral Referral from Institution (if so, complete information below)

Name of individual providing information:	 Staff Providing Oral Information
Title of individual providing information:	 Staff Providing Info Title
Contact number:	 Staff Providing Info Contact Number
Date and Time of conversation:	 Date and Time information was shared

I certify this information is true and complete.

 Staff Completing Form	 Staff Completing Form Signature	
Staff Name and Title	Signature	Date
 Staff Completing Form Telephone and Email Information		
Staff Phone/Email		

**All of this same information can be provided in a letter on letterhead.
Please include locations, dates, names, and contact information**