

Lydia Place Prevention Program Referral Form

Referral Contact:

Agency/ Referral Program	
Staff Name	
Staff Phone/ Email	

Applicant Contact:

Name	
Phone Number	Ok to: Call <input type="checkbox"/> Voicemail <input type="checkbox"/> Text <input type="checkbox"/>
Email	
Address (Include Zip Code)	

Household Information:

Name	Relationship to HOH	DOB	Gender	Race & Ethnicity	Primary Language
Head of Household	self				

Is the family currently being served through a Coordinated Entry Housing Program (Lydia Place, Opportunity Council, etc)? Yes No

If yes, LP Prevention is not able to accept a referral. Please contact the program that the client is enrolled in or WHSC.

Does the family need and are they willing to engage in case management support while enrolled in the program? Yes No

Meeting frequency depends on circumstances and typically ranges from once a week to once a month.

Income:

Family Size	1	2	3	4	5	6	7	8
30% AMI	22,200	25,400	28,550	31,700	36,580	41,960	47,340	52,720
50% AMI	36,950	42,200	47,500	52,800	57,000	61,250	65,500	69,700
80% AMI	59,150	67,550	76,050	84,450	91,200	98,000	104,750	111,500

Family's income is: ___ Below 30% AMI ___ 31-50% AMI ___ Over 50% AMI

Gross Monthly income: _____ Current Source of Income: _____

Current housing situation:

<input type="checkbox"/> On a lease/mortgage	\$ _____ monthly
<input type="checkbox"/> Couch-surfing/doubled-up	\$ _____ monthly
<input type="checkbox"/> Shelter	
<input type="checkbox"/> Other: _____	

Current Family Situation: (Check all that apply)

If family resides in the City of Bellingham:

- At risk of homelessness:
 - Have a missed rent payment and currently owe all or part of a rent payment (current month or past months)
 - Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance
 - Is living in someone else's household because of economic hardship
 - Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance
 - Lives in a hotel/motel and the cost is not paid by charitable organizations or by Federal, state, or local government programs for low-income individuals
 - Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than 1 ½ persons per room
 - Is exiting a publicly funded institution or system of care
- Family does not meet above criteria but are in a situation where providing services or assistance would prevent the family's homelessness or serve those with greatest risk of housing instability (ie impacted by benefit cliff; DV situations; doubled up)

If Family Resides in City or County:

- Family pays more than 50% of their gross income toward housing AND childcare costs combined (documentation will be required upon program enrollment)
- Family is not on a lease - doubled up (or otherwise precariously housed) and income is less than (see table below):
- Family is overcrowded (more than 2 occupants per bedroom) and income is less than:

Family Size	1-2	3-4	5-6	7-8	9-10
Income	\$2,762	\$3,284	\$4,602	\$5,514	\$6,642

Type of Financial Assistance Being Requested: (Check all that apply & indicate amount needed)

Some funding restrictions apply that may result in some clients not being eligible for rent assistance

- Current or future rent or mortgage (3 mo max) \$ _____/mo (x3 =) \$ _____/total
- Deposit \$ _____
- Arrears \$ _____
- Other: Describe specific cost and needs _____

The goal of Lydia Place's Prevention Program is to help families gain stability in a short period of time (i.e. 3-9 months) without the need for long-term follow-up support. What do you know of this family that leads you to believe this will be possible in their current situation?

What family or social support does the family have in Whatcom or Skagit County?

I, _____, give consent to be referred to the Lydia Place Prevention Program. I further give consent for the release and exchange of information between Lydia Place Prevention staff and the referring partner. Any information beyond that which is related to eligibility to the program at the time of referral will be obtained by a further Release of Information.

Client Signature

Date