

Ernie's Place Referral Form

Organization Information:

Today's Date: _____

Organization Name: _____ Phone #: _____

Referral Contact: _____ Email: _____

How did you hear about Ernie's Place? _____

Client Information:

Client's Name: _____ Date of Birth: _____ Social Security #: _____

Client's Preferred Name: _____

Current Address: _____

Homeless Situation: Doubled Up / Place not meant for Habitation (i.e., benches, parks) / Public Spaces
(i.e., shelters) / Leaving Institution / Fleeing Domestic Violence

Phone #: _____ Able to Leave Voicemails? Yes No Best Time to Call: _____

Email: _____

Best/Other modes of communication: _____

If social media, provide username: _____

Date of Foster Care Involvement:

From: _____ To: _____ Date Verified: _____ Initial: _____

To Ernie's Place:

Preferred Move-In Date: _____

SELF-CERTIFICATION of homelessness

This form is to be completed by applicants and referring entity to certify client's homelessness.

Head of Household	Date		
Address	City	State	ZIP Code
Telephone Number	Email Address		

SELF CERTIFICATION

<input type="checkbox"/> Exiting from Institution <input type="checkbox"/> Living on street or in shelter <input checked="" type="checkbox"/> Other, describe. <input type="checkbox"/> Doubled Up

I hereby certify, under penalty of perjury, that the information I have provided on this form is true and correct, to the best of my knowledge, and that I do not have any documents or forms in my possession, nor am I able to obtain such documents to verify homelessness, at risk of homelessness, income or other information hereby provided.

Client Signature	Date
Referring Staff Signature	Date