Homeless to Home
Utility Assistance Program Referral Form
(To be completed by caseworker.)

Client Name: ____________________________________________

Referring Agency: _______________________________________

Caseworker Name: _______________________________________

Caseworker Phone: _______________________________________

What is the reason for this assistance?

____ Homeless/Entering Housing    ____ Eviction Notice    ____ Fleeing Domestic Violence

____ Exiting Criminal Justice System    ____ Exiting Substance Abuse Treatment Program

____ Other (please explain) ______________________________________________________________

Does the client have a past history of homelessness?  ____ Yes  ____ No

If yes, when and how long was the most recent episode? ________________________________

What is the client’s current housing status?

____ Permanent housing    ____ Transitional housing    ____ Living w/friends or family  ____ Shelter

____ Other (please explain) ____________________________________________________________

What type of housing will the client be moving into (if applicable)?

____ Permanent housing    ____ Rapid Rehousing    ____ Transitional Housing

____ Other (please explain) ____________________________________________________________

Does the client have a signed lease?  ____ Yes  ____ No

What type of case management will be provided in order to ensure housing stability and prevent utility arrears and/or shutoff in the future?

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Caseworker Signature: _______________________________    Date: _____________
<table>
<thead>
<tr>
<th>Application Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Completed EOC Application</td>
</tr>
<tr>
<td>___ Signed Consent to Disclose Utility Customer Data (for Atmos, Black Hills,</td>
</tr>
<tr>
<td>Colorado Natural Gas, and Xcel)</td>
</tr>
<tr>
<td>___ Copy of Photo ID</td>
</tr>
<tr>
<td>___ Copy of Utility Bill</td>
</tr>
<tr>
<td>___ Copy of Eviction Notice</td>
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</tbody>
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