



HOPE CENTER REFERRAL FORM

Housing Partners of Western Nebraska

Used to verify Title V homelessness eligibility for Hope Center assistance. Completion of this form does not guarantee the availability of requested items.

REFERRING AGENCY / ORGANIZATION

Agency/Organization: _____

Date of Referral: _____

Referring Individual: _____

Title/Position: _____

Phone: _____

Email: _____

Relationship to Individual/Family: _____

INDIVIDUAL / FAMILY BEING REFERRED

Head of Household/primary Client: _____

Phone: _____

Number of Adults (18+): _____ Number of Minors (under 18): _____ Total Household Members _____

TITLE V HOMELESSNESS ELIGIBILITY

Referring professional: Check the ONE category that best describes the household's current circumstances.

☐ **No Fixed, Regular, and Adequate Nighttime Residence** - The individual/family lacks a fixed, regular, and adequate nighttime residence.

☐ **Living in a Place Not Intended for Human Habitation** - Primary nighttime residence is a place not designed or ordinarily used for sleeping, such as a vehicle, park, abandoned building, bus/train station, airport, or campground.

☐ **Emergency Shelter or Qualifying Temporary Housing** - Currently living in a supervised public/private shelter, transitional housing, or a hotel/motel paid for by a government program or charitable organization for low-income individuals.

☐ **Exiting an Institution Following Homelessness** - The individual previously resided in a shelter or place not meant for human habitation and is exiting an institution where the individual temporarily resided.

☐ **Imminent Loss of Housing** - The household will lose its current housing within 14 days, has no subsequent residence identified, and lacks the resources or support network needed to obtain other permanent housing.

☐ **Qualifying Unaccompanied Youth or Family with Children/Youth** - Qualifies as homeless under another applicable federal statute and meets the additional Title V requirements for long-term lack of independent permanent housing, persistent instability/frequent moves, and circumstances expected to continue that instability.

☐ **Fleeing or Attempting to Flee Domestic Violence or Other Dangerous Conditions** - The household is fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or another dangerous/life-threatening condition; has no other residence; and lacks the resources or support network to obtain other permanent housing.

If Imminent Loss of Housing is selected:

Expected date housing will be lost: _____ **Reason:** ☐ Court-ordered eviction ☐ Hotel/motel resources exhausted ☐ Owner/renter will not allow continued stay ☐ Other

Briefly describe the circumstances supporting this referral:

Supporting documentation provided, if applicable: ☐ Eviction/Court Notice ☐ Shelter/Program Verification ☐ Institutional Discharge Information ☐ Other: _____ ☐ None

REFERRING PROFESSIONAL CERTIFICATION

I certify that, to the best of my knowledge, the information provided on this referral is accurate and that the individual/family meets the Title V homelessness circumstance selected above.

Referring Individual Signature: _____ **Date:** _____

HOUSEHOLD & ANNUAL REPORTING INFORMATION

Please provide as much information as is reasonably available. This information supports Housing Partners' annual HHS utilization reporting.

Household Type: ☐ Two-Parent Household ☐ Single Female Household ☐ Single Male Household ☐ Individual ☐ Other:

Other Categories of Interest - check all that apply: ☐ Disabled (non-Veteran) ☐ Disabled Veteran ☐ Veteran ☐ Victim/Survivor of Domestic Violence ☐ Individual

Race - check all that apply: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Multiracial

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

HOPE CENTER ASSISTANCE POLICY

Eligible households may receive assistance once every three (3) months, not to exceed four (4) assistance visits within any 12-month period. A NEW REFERRAL IS REQUIRED FOR EACH ADDITIONAL VISIT. Exceptions may be approved by the Executive Director when extraordinary circumstances warrant additional assistance and sufficient inventory is available.

Same-Day Pickup: Clients are expected to take all selected items with them on the day assistance is provided. The Hope Center is unable to hold or reserve items. If transportation must be arranged for large furniture, staff may consider alternate pickup arrangements on a case-by-case basis, subject to volunteer availability.

Assistance is based on household circumstances and available inventory. Eligibility does not guarantee the availability of any specific item.

FOR HOPE CENTER USE ONLY

Referral Reviewed By: _____

Date: _____

Eligibility Verified: ☐ Yes ☐ No

Eligible for Assistance Today: ☐ Yes ☐ No

Previous Assistance Date(s): _____

Exception Approved: ☐ N/A ☐ Yes

Adults Served: _____

Minors Served: _____

Total Individuals Served: _____

List items given to assist household:
