



Halle Place Referral Form

A social enterprise housing program for single homeless women

Referral Date: _____ Applicant's Telephone Number(s): _____

Legal Name of Applicant: _____

Preferred Name/Alias: _____

Date of Birth: _____ Age: _____

Release date and facility: _____

PBC Jacket number _____ or DOC number _____

Do you have family in PBC? Yes No Where? _____

Family Member's Address: _____

Referral Agency: _____

Name of Person Referring : _____

Person Referring Telephone Number: _____

We look forward to receiving your referral to Halle Place. Each candidate will be asked to participate in an interview. All candidates must be ready to work immediately upon entering program. Interviews will be conducted by staff and residents. To help us prepare for the interview process, please provide the following information below.

Are you currently residing in a residential/housing facility (i.e. shelter, treatment program?) Yes No

What is the maximum amount of time you may remain in current housing? _____ (months/days)

Are you currently employed? Yes No

Are you willing and able to work? Yes No

Do you have history of drug or alcohol use ? Yes No

If yes, how long since the last used? _____

If possible, the following materials would be helpful if submitted with this referral or at time of interview:

1. Homeless verification letter
2. Letter from agency making the referral stating that woman is in need of housing and able to be employed
3. Any proof of income or zero income (Social Security Wages Print out or Proof of Income)
4. Proxy Data Collection (copy of proxy can be provided by The Lord's Place if needed)
5. Prison or Jail face sheet

Please email (*preferred*) or fax referral form and all accompanying documentation to:

Email: ddavenport@thelordsplace.org (Please write "Halle Place Referral" in the subject line)

Fax to: (561)494-2922 Attention: Halle Place Referral