

RE:

[Redacted Name Field]

Applicant's Name (print)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify this individuals stay in your institution. Verification of an institution stay must be a written referral from a social worker, case manager, or other appropriate official of the institution. The referral must include: the institution name and address, the applicant's length of stay including the entry and exit dates, and the title and signature of the institution staff providing the information.

I do hereby authorize the release of this information:

[Redacted Signature and Date Fields]

Applicant's Name

Applicant Signature

Date

SECTION BELOW TO BE COMPLETED BY INSTITUTION STAFF OR HOUSING PROVIDER STAFF

(Applicant's Name) [Redacted] entered (institution) [Redacted] located at [Redacted]
on [Redacted] and exited or will exit the institution on [Redacted]

Please provide any information you may have regarding the individual's living arrangements prior to admission to your facility:

[Redacted Living Arrangements Field]

This information was collected by means of:

- Written Referral from Institution
- Oral Referral from Institution (if so, complete information below)

Name of individual providing information: [Redacted]
Title of individual providing information: [Redacted]
Contact number: [Redacted]
Date and Time of conversation: [Redacted]

I certify this information is true and complete.

[Redacted Staff Name, Signature, and Date Fields]

Staff Name and Title

Signature

Date

[Redacted Staff Phone/Email Field]

Staff Phone/Email