

TRANSITIONAL FOOD & SHELTER
PO Box 4471 Paso Robles, CA 93447
MOTEL/MEDICAL ROOM VOUCHER PROGRAM REFERRAL

Complete this form after calling TFS: (805) 468-4113
FAX THIS FORM PROMPTLY TO (805) 221-6925 PRINT LEGIBLY – Thank you

DATE: _____ REFERRING CASEWORKER NAME: _____ AGENCY: _____

PHONE NUMBER: _____ FAX NUMBER: _____ WILL AGENCY PROVIDE FOLLOW UP CARE: YES NO

MUST BE COMPLETED IF REFERRING PERSON NOT PROVIDING FOLLOW UP CARE:
CASEWORKER PROVIDING FOLLOW UP CARE _____ NUMBER _____

CLIENT NAME: _____

TYPE OF ID: _____ ID #: _____ AGE _____ MALE FEMALE

NAMES OF OTHER ADULTS: _____

TYPE OF ID: _____ ID #: _____ AGE _____ MALE FEMALE

NUMBER OF CHILDREN: _____ NAMES AND AGES: _____

PETS: YES NO TYPE: _____ INCOME SOURCE AND AMOUNT PER MONTH: _____

MEDICAL DIAGNOSIS AND REASON NOT IN SHELTER PROGRAM _____

PLEASE SELECT ALL THAT APPLY: CANCER ALCOHOLISM DRUG ADDICTION MENTAL HEALTH DIAGNOSIS
 REGISTERED SEX OFFENDER LESBIAN/GAY/BISEXUAL/TRANSGENDER

DOES CLIENT REQUIRE USE OF SPECIAL EQUIPMENT: YES NO TYPE OF EQUIPMENT _____

CASE PLAN FOR CLIENT UPON EXITING: _____

DOES CLIENT HAVE RELATIVES / FRIENDS THAT CAN PROVIDE CARE UPON EXITING? YES NO

NAME / PHONE # _____ RELATIONSHIP _____

CLIENTS MOST RECENT CITY OF RESIDENCE _____

CLIENT CONSENT: _____ DATE _____

MISCONDUCT ACT & TFS CONTRACT MUST BE SIGNED AND ATTACHED ALONG WITH DOCTORS NOTE STATING DIAGNOSIS, HOW MANY MOTEL DAYS ARE NEEDED, CLIENT ID'S, INCOME VERIFICATION AND COPY OF MONEY ORDER.

CONFIRMATION # _____ MOTEL/APT _____ ADDRESS: _____

PHONE#: _____ ENTERING DATE: _____ EXITING DATE: _____

TOTAL INCL TAX (MOTELS ONLY) \$ _____ CLIENT DONATION AMT \$ _____ (20% OF TOTAL INCOME FOR 30 DAYS – 5% PER 7 DAYS)

ETHNICITY: (The U.S. Department of Housing and Urban Development requires that quarterly reports classify beneficiaries of CDBG funds into categories by race and ethnicity as noted below. Please note that "Hispanic" is an ethnicity that may be combined with any race. To comply with HUD's directive, TFS must interview program participants to determine their race and ethnicity.)

- | | |
|--|---|
| <input type="checkbox"/> American Indian <i>or</i> Alaska Native, but not Hispanic | <input type="checkbox"/> Asian, but not Hispanic |
| <input type="checkbox"/> American Indian <i>or</i> Alaska Native, and Hispanic | <input type="checkbox"/> Asian, and Hispanic |
| <input type="checkbox"/> Black <i>or</i> African American, but not Hispanic | <input type="checkbox"/> White, but not Hispanic |
| <input type="checkbox"/> Black <i>or</i> African American, and Hispanic | <input type="checkbox"/> White, and Hispanic |
| <input type="checkbox"/> Native Hawaiian <i>or</i> other Pacific Islander, but not Hispanic | <input type="checkbox"/> Other, but not Hispanic |
| <input type="checkbox"/> Native Hawaiian <i>or</i> other Pacific Islander, and Hispanic | <input type="checkbox"/> Other, and Hispanic |

TWO RACES:

- | | |
|--|---|
| <input type="checkbox"/> American Indian <i>or</i> Alaska Native and White, but not Hispanic | <input type="checkbox"/> Asian and White, but not Hispanic |
| <input type="checkbox"/> American Indian <i>or</i> Alaska Native and White, and Hispanic | <input type="checkbox"/> Asian and White, and Hispanic |
| <input type="checkbox"/> Black <i>or</i> African American and White, but not Hispanic | |
| <input type="checkbox"/> Black <i>or</i> African American and White, and Hispanic <input type="checkbox"/> American Indian <i>or</i> Alaska Native and Black, but not Hispanic | |
| <input type="checkbox"/> American Indian <i>or</i> Alaska Native and Black, and Hispanic | |

New Renewal

SOF: _____ PD BT TFS: _____ APPLICATION # _____

PREVIOUS APPLICATION #'S _____