

SINGLE ADULT REFERRAL (NO MINOR CHILDREN IN HOUSEHOLD)

Instructions: Referring agency to fill out this form **completely**.

Client to bring the following to your Unity Shoppe visit: Picture ID and Proof of Address
Cliente Debe traer: Identificación con foto y comprobante de domicilio

CLIENT INFORMATION

Check if Client is homeless Date Last Received Services _____

Last Name:		First Name:		Date of Birth:	Age:
Street Address:		Apt #	City:	Zip:	
Phone #		E-mail address:			
Ethnicity (Check all that apply)		<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native	
		<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander	
		<input type="checkbox"/> Other _____			
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other _____				

Preferred language: English Spanish

INCOME INFORMATION -Source: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

<input type="checkbox"/> By checking this box, referring agency, agency certifies that client qualifies as low to moderate income in accordance with Federal Guidelines.		<input type="checkbox"/> Very low income (earns less than 50% of median income) Low <input type="checkbox"/> income (earns 50% of median income) <input type="checkbox"/> Low-to Moderate income (earns 50-75% of median income) <input type="checkbox"/> Moderate income (earns 80% of median income)	
Referring Agency: Agency Address: Phone:		Referring Worker (print) _____ Date of Referral _____ Direct Dial Number _____ E-mail address _____	
Additional Information:			