



SSVF Program Hillsborough Referral Form



REFERRING AGENCY INFORMATION								
(Include a signed Release of Information (ROI) Form along with referral)								
Referring Agency:				Staff Name/Title:				
Phone:				Email:				
VETERAN HOUSEHOLD INFORMATION								
Veteran Full Name:						Phone:		
Discharge Type Above Dishonorable: <input type="checkbox"/> Yes <input type="checkbox"/> No			Served 1 Day Active Duty: <input type="checkbox"/> Yes <input type="checkbox"/> No			Last 4 SSN:		
# Adults:	# Children:	Dependent Family Members <input type="checkbox"/> Yes <input type="checkbox"/> No			Served in Iraq/Afghanistan <input type="checkbox"/> Yes <input type="checkbox"/> No			
ELIGIBILITY CRITERIA #1 – HOUSEHOLD INCOME								
(Household must be at or below 50% AMI for Hillsborough County – refer to chart)								
FY 2015 Income Limit Categories	HOUSEHOLD SIZE – Hillsborough County							
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$12,400	\$15,930	\$20,090	\$24,250	\$28,410	\$32,570	\$36,600	38,950
50%	\$20,650	\$23,600	\$26,550	\$29,500	\$31,900	\$34,250	\$36,600	38,950
Estimated Total Gross Household Income in Past 30 Days: \$ _____ (refer to chart above to confirm eligibility)								
ELIGIBILITY CRITERIA #2 – HOUSING STATUS								
(Must be homeless or imminently at-risk of homelessness in Hillsborough County)								
Where did applicant sleep last night (address/zip/location): _____								
Is Above a <u>Permanent</u> Address: <input type="checkbox"/> No – continue to (1) Literally Homeless (Rapid-Rehousing) Category <input type="checkbox"/> Yes – skip to (2) Imminently At-Risk (Homeless Prevention) Category								
(1) Literally Homeless (select <u>1</u> of the below boxes):								
<input type="checkbox"/> Place Not Meant for Habitation (vehicle, woods, etc.) <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Motel/Hotel - paid by a program <input type="checkbox"/> VA-GPD <input type="checkbox"/> VA Dom <input type="checkbox"/> Public Institution (e.g. hospital, jail, etc.) <input type="checkbox"/> Other – specify: _____ If possible, complete VI-SPDAT & Referral to CIA Wait List (for inclusion on Veteran Takedown List)								
(2) Imminent Risk of Losing Housing (select <u>1</u> of the below boxes):								
<input type="checkbox"/> Rental/Lease <input type="checkbox"/> Mortgage <input type="checkbox"/> Doubled-up <input type="checkbox"/> Boarding Home <input type="checkbox"/> Motel/Hotel Self-Pay <input type="checkbox"/> Other – specify: _____								
Additional Comments (please indicate any Domestic Violence issues or other notable facts):								
HUD-VASH REFERRAL: <input type="checkbox"/> No <input type="checkbox"/> Yes – Complete Supplemental Referral Form for HUD-VASH Enrolled Veterans								

Instructions for Referral Submission

Providers are encouraged to rotate referrals between Tampa Crossroads & St. Vincent de Paul via fax submission (include signed ROI):

Tampa Crossroads, Inc.
5109 N. Nebraska Ave., Tampa, FL 33603
(813) 238-8557 x300 / (813) 232-2009 fax

Society of St. Vincent de Paul
3010 N. Boulevard, Tampa, FL 33603
(813) 443-8296 / (813) 570-6998 fax

For SSVF Staff Use Only

Date Received: _____ Agency: TCR SVDP Date Referred to CIA Wait List (RRH Only): _____