



Northern New Mexico Youth Homelessness Demonstration Project

Youth and Young Adult Individual Housing Referral Form

Authorization to be referred to the YHDP Coordinated Entry System

Date:

Interviewer's Name:		Agency:	Location:
First Name:		Last Name:	
DOB:	SSN:	HMIS ID: <i>(if applicable)</i>	

1. Where do you sleep most frequently?
2. Where did you sleep last night? How long have you been sleeping at this location?
3. Is where you frequently sleep a safe and stable place for you? If not, is there someone with whom you have a trusting relationship where you can stay?
4. If applicable, are you willing to speak with a housing support staff that may be able to assist you further?
 Yes No

Personal Contact: <i>cell phone, message number</i>	Personal Email Address:
Social Media Contact: <i>instagram, facebook</i>	Other Contact: <i>Friend or Family, case manager or advocate</i>

By signing this consent form, I agree to and understand the following:

- I agree to allow my responses to this screen to serve as a referral for housing services and supports.
- I understand that the information I provide can be shared with participating YHDP agencies for the purpose of finding appropriate housing, supportive services and/or reporting.
- I understand that this screen is not an application for housing, but a tool for assessing whether I may be in need of and/or eligible for housing services and supports.
- This authorization will expire two (2) years after the date it is signed.
- I understand that I have a right to request a copy of this consent form after I have signed it.

Sign below if you consent to a referral for YHDP housing services and supports.

Your signature below indicates that you have read (or been read) the information provided above, have received answers to your questions, and have freely chosen to be referred to the Youth Homelessness Demonstration Project (YHDP). By agreeing to a referral, you are not giving up any of your legal rights.

Printed Name of Participant

Signature of Participant

Date

Printed Name of Parent/Guardian
(For youth ages 17 and under)

Signature of Parent/Guardian

Date

For internal use only.

Please complete the following:

Referred to YHDP coordinated entry system (CES) for further housing assessment:
Phone (505) 772-0547; Fax (505) 930-7812

Referred to more appropriated service setting (residential tx, PSH, etc.):

No additional support provided (client refused or services not needed):

Additional details:
