

Today's Date: _____ Referring Partner Staff Name: _____ Agency: _____

Contact Information (email & phone): _____

Client Information

Preferred Name: _____ Preferred Pronoun: she/her he/him they/them Other: _____

DOB: _____ Primary/Preferred Language: _____ Needs Interpreter? Y N

Legal First Name: _____ Legal Last Name: _____

SAFE Phone Number: () _____ Safe to leave a message? Y N

SAFE Alternate Contact (phone/email): _____

Preferred Contact: Phone Email Other: _____

Zip Code: _____

CASH ASSISTANCE CASE IS REQUIRED _____ Public Assistance Case No.: _____

Child(ren) in the home 19 years old or younger: Y N (For 19 year old children, they must be in school) _____ Is client pregnant? Y N _____

Application for: FHEPS B Move FHEPS B Stay

Borough Exclusions: List the boroughs and/or zip codes client would like to be excluded from residing, if applying for a FHEPS B Move.

I consent to be referred to NYC Human Resources Administration (HRA), Homebase community provider, and the Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV) FJC Administrative Staff, for the purpose of applying for the Family Homelessness and Eviction Prevention Supplement (FHEPS) Program, Part B. I understand that a representative from any of the agencies mentioned above may contact me to provide further assistance with the application process.

I have the right to revoke this authorization at any time, except to the extent it was already relied upon. This release will automatically expire after ninety (90) days.

Client: _____ Date: ____/____/____
NAME SIGNATURE

I certify that I have conducted an intake assessment with the above client and have determined the client is a DV survivor pursuant to SSL Section 459-1. I have also explored all housing options with the client prior to submitting this referral.

Case Manager: _____ Date: ____/____/____
NAME AGENCY SIGNATURE

I certify the above client is eligible to be referred to HRA for FHEPS. I have reviewed the case with the Case Manager to verify the client is a DV survivor pursuant to SSL Section 459-1 and all housing options have been explored.

ENDGBV: _____ Date: ____/____/____