



# Home Stretch Referral Packet Fax Cover Sheet

## FAX

TO: EveryOne Home – Home Stretch	FROM:
FAX: (855) 658-5466	FAX:
PHONE: (510) 891-8938	PHONE:
SUBJECT: Referral to Home Stretch	DATE:

### Contact for Questions about Referral

Name: \_\_\_\_\_

Agency/Program: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you the client’s Housing Navigator?  Yes  No

If not, please list Housing Navigator’s name, agency, and contact information (if known):

Please make sure you verify eligibility AND include all of the following with the referral (Complete Checklist):

Client HMIS ID# (if known): \_\_\_\_\_

- Completed and Signed Home Stretch Consent to Release of Information (ROI); AND,
- Completed InHOUSE Standard Intake Form OR updated data in HMIS for this client; AND,
- Home Stretch Contact Information Form OR updated contact information in HMIS for this client.
- Home Stretch High Service Need Verification Form and Supporting Documents OR updated VI-SPDAT in HMIS (if applicable).