## HABITAT FOR HUMANITY RESTORE – WELCOME HOME FURNITURE PROGRAM

## **Referral Form**

Name of Referring Case Manager:	
Name of referring organization:	
Participant's Name:	
Household Size:   Single individual   Multi-person household  Number of adults (18  Number of children:	
Housing Type:   Rapid Rehousing (RRH)   Permanent Supportive Housing (	PSH) 🗆 Other
Date of coordinated entry referral:	
Lease start/move in date:	
Duration of lease/program agreement:	
Other relevant information (i.e. types of furniture needed):	
I verify that all information on this form is true and correct to the best of my knowled	ge. I understand
that the participant and/or referring organization are responsible for transportation t	-
Restore location and for pickup/delivery of any selected items to the participant's resi	idence.
Signature of Referring Case Manager:	Date:
Signature of OHPI staff person:	Date:
Date received by Restore Staff:	