

Families Together Referral Packet Instructions

Please **read through** the following packet with the family interested in applying to *Families Together*. If your client is *interested and eligible* for the program, submit the following items:

1. *Your agency's* Consent for Release of Information form signed by each adult client
2. *Families Together* program application (attached) **completed by referring worker in its entirety with the family (Please do not give the application to the client)**
3. Income documentation for ALL adults in the household:
(All adults in the household must be employed OR have verifiable income within the income limits – see income grid in program description)
 - a. **4 most recent paystubs of all adults copy of benefit award letter or statement from awarding agency (i.e. SSI, SSDI, ESC, TANF)**
 - b. **COURT ORDERED child support print-out verifying what household received for previous 13 months**
4. a case summary on your agency's letterhead that includes the following information about the head(s) of household:
 - family/individual strengths;
 - presenting issues; (including health, mental health, substance abuse and criminal history)
 - areas of concern;
 - employer, length of service, position, salary and schedule;
 - relative or necessary information regarding minor children

Please attach the following to the referral & also provide at the intake appointment:

**** Do not send referral until all of the items below have been obtained for all household members****

- Drivers License or Picture ID;
- Social Security card for all housing applicants
- Birth Certificate for all housing applicants
- proof of employment (any additional pay stubs received since referral was made);
- a list of their current medications (including milligrams and number of doses per day for all family members).

Address referrals to my attention and email imusafiri@ywcacentralcarolinas.org

Incomplete referrals will not be reviewed. Intake interviews are scheduled based on upcoming vacancies. I will contact the head of household to schedule an appointment once we have a near-future vacancy scheduled. Please remember Families Together is not an emergency housing program.

Arrangements for off-site childcare must be made by heads of household before intake.

PLEASE MAKE COPIES OF REFERRAL PACKET FOR FUTURE REFERENCE

Families Together

PROGRAM APPLICATION

FULL NAME (FIRST, MIDDLE INITIAL, LAST)				TODAY'S DATE	
NAME YOU PREFER			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER		
CURRENT ADDRESS			CITY/STATE/ZIP		
COUNTY NAME			HOW LONG AT THIS ADDRESS?		
SOCIAL SECURITY NUMBER		DATE OF BIRTH (MM / DD / YYYY)		AGE	
CELL / HOME PHONE				BEST TIME TO REACH YOU	
OTHER PHONE				BEST PHONE # TO LEAVE A MESSAGE	
E-MAIL ADDRESS			TOTAL NUMBER OF PERSONS IN HOUSEHOLD		
DRIVER'S LICENSE OR ID NUMBER			ISSUING STATE		
ETHNICITY (OPTIONAL) <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NON-HISPANIC/NON-LATINO					
RACE (OPTIONAL) <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK/AFRICAN-AMERICAN <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER <input type="checkbox"/> OTHER (PLEASE STATE)					
NEXT OF KIN			RELATIONSHIP		
ADDRESS			CITY/STATE/ZIP		
CELL/HOME PHONE			WORK PHONE		
EMERGENCY CONTACT NAME <input type="checkbox"/> SAME AS NEXT OF KIN			PHONE		
CAR MAKE (EXAMPLE: HONDA)			MODEL (EXAMPLE: CIVIC)		
COLOR	YEAR	TAG #	STATE	EXP. DATE (MO / YR)	

(continued)

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO
 (ANSWERING 'YES' DOES NOT DISQUALIFY YOU FROM ENTERING THE FT PROGRAM)

HAVE YOU EVER SERVED IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DISCHARGE
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HIGHEST LEVEL OF EDUCATION ATTAINED

<input type="checkbox"/> NURSERY – 4TH GRADE	<input type="checkbox"/> 10TH GRADE	<input type="checkbox"/> GED	<input type="checkbox"/> UNDERGRADUATE
<input type="checkbox"/> 5TH – 6TH GRADE	<input type="checkbox"/> 11TH GRADE	<input type="checkbox"/> SOME COLLEGE	<input type="checkbox"/> GRADUATE DEGREE
<input type="checkbox"/> 7TH – 8TH GRADE	<input type="checkbox"/> 12TH GRADE, NO DIPLOMA	<input type="checkbox"/> TECHNICAL SCHOOL	<input type="checkbox"/> POST-SECONDARY
<input type="checkbox"/> 9TH GRADE	<input type="checkbox"/> HIGH SCHOOL DIPLOMA	<input type="checkbox"/> ASSOCIATE DEGREE / 2 YR.	<input type="checkbox"/> POST GRADUATE

ARE YOU CURRENTLY ENROLLED IN SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHERE?
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EMPLOYMENT STATUS

<input type="checkbox"/> FULL TIME, <u>NOT</u> LOOKING FOR ADDITIONAL HOURS	<input type="checkbox"/> PART TIME, <u>NOT</u> LOOKING FOR ADDITIONAL HOURS
<input type="checkbox"/> FULL TIME, LOOKING FOR ADDITIONAL HOURS	<input type="checkbox"/> PART TIME, LOOKING FOR ADDITIONAL HOURS
<input type="checkbox"/> DISABLED, RECEIVING DISABILITY SERVICES	<input type="checkbox"/> EMPLOYED SEASONALLY/INTERMITTENTLY
<input type="checkbox"/> DISABLED, <u>NOT</u> RECEIVING DISABILITY SERVICES	<input type="checkbox"/> OTHER - PARTICIPATING IN UNPAID JOB EXPERIENCE
<input type="checkbox"/> RETIRED	<input type="checkbox"/> UNEMPLOYED

WHICH OF THE FOLLOWING DO YOU RECEIVE? PLEASE INDICATE HOW MUCH YOU RECEIVE MONTHLY.

<input type="checkbox"/> ALIMONY OR SPOUSAL SUPPORT \$ _____	<input type="checkbox"/> GENERAL ASSISTANCE \$ _____
<input type="checkbox"/> SOCIAL SECURITY – RETIREMENT \$ _____	<input type="checkbox"/> TANF \$ _____
<input type="checkbox"/> VETERAN'S PENSION \$ _____	<input type="checkbox"/> CHILD SUPPORT \$ _____
<input type="checkbox"/> PENSION FROM A FORMER JOB \$ _____	<input type="checkbox"/> SSDI \$ _____
<input type="checkbox"/> UNEMPLOYMENT \$ _____	<input type="checkbox"/> WORKER'S COMP \$ _____
<input type="checkbox"/> EMPLOYMENT \$ _____	<input type="checkbox"/> PRIVATE DISABILITY INSURANCE \$ _____
<input type="checkbox"/> SSI \$ _____	<input type="checkbox"/> VETERAN'S DISABILITY \$ _____
<input type="checkbox"/> CONTRIBUTIONS FROM OTHER PEOPLE \$ _____	TOTAL MONTHLY INCOME \$ _____

HAVE YOU RECEIVED ASSISTANCE FROM ANY OF THESE SOURCES IN THE PAST 30 DAYS?

<input type="checkbox"/> FOOD STAMPS \$ _____	<input type="checkbox"/> SCHIP \$ _____
<input type="checkbox"/> TANF CHILD CARE SERVICES \$ _____	<input type="checkbox"/> SECTION 8 PUBLIC HOUSING OR RENTAL \$ _____
<input type="checkbox"/> MEDICAID \$ _____	<input type="checkbox"/> WIC \$ _____
<input type="checkbox"/> TANF TRANSPORTATION \$ _____	<input type="checkbox"/> TEMPORARY RENTAL ASSISTANCE \$ _____
<input type="checkbox"/> MEDICARE \$ _____	<input type="checkbox"/> VA MEDICAL \$ _____
<input type="checkbox"/> OTHER TANF SERVICE \$ _____	<input type="checkbox"/> OTHER _____ \$ _____

HOW DID YOU HEAR ABOUT THE FAMILIES TOGETHER PROGRAM?

(continued)

HEAD OF HOUSEHOLD #2

HEAD OF HOUSEHOLD #2 FULL NAME (FIRST, MIDDLE INITIAL, LAST)				TODAY'S DATE	
NAME YOU PREFER			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER		
CURRENT ADDRESS			CITY/STATE/ZIP		
COUNTY NAME			HOW LONG AT THIS ADDRESS?		
SOCIAL SECURITY NUMBER		DATE OF BIRTH (MM / DD / YYYY)		AGE	
CELL / HOME PHONE			BEST TIME TO REACH YOU		
OTHER PHONE			BEST PHONE # TO LEAVE A MESSAGE		
E-MAIL ADDRESS			TOTAL NUMBER OF PERSONS IN HOUSEHOLD		
DRIVER'S LICENSE OR ID NUMBER			ISSUING STATE		
ETHNICITY (OPTIONAL) <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NON-HISPANIC/NON-LATINO					
RACE (OPTIONAL) <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK/AFRICAN-AMERICAN <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER <input type="checkbox"/> OTHER (PLEASE STATE)					
NEXT OF KIN			RELATIONSHIP		
ADDRESS			CITY/STATE/ZIP		
CELL/HOME PHONE			WORK PHONE		
EMERGENCY CONTACT NAME <input type="checkbox"/> SAME AS NEXT OF KIN			PHONE		
CAR MAKE (EXAMPLE: HONDA)			MODEL (EXAMPLE: CIVIC)		
COLOR	YEAR	TAG #	STATE	EXP. DATE (MO / YR)	

(continued)

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO
(ANSWERING 'YES' DOES NOT DISQUALIFY YOU FROM ENTERING THE FT PROGRAM)

HAVE YOU EVER SERVED IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DISCHARGE
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HIGHEST LEVEL OF EDUCATION ATTAINED

<input type="checkbox"/> NURSERY – 4TH GRADE	<input type="checkbox"/> 10TH GRADE	<input type="checkbox"/> GED	<input type="checkbox"/> UNDERGRADUATE
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<input type="checkbox"/> 9TH GRADE	<input type="checkbox"/> HIGH SCHOOL DIPLOMA	<input type="checkbox"/> ASSOCIATE DEGREE / 2 YR.	<input type="checkbox"/> POST GRADUATE

ARE YOU CURRENTLY ENROLLED IN SCHOOL? IF YES, WHERE?
 YES NO

EMPLOYMENT STATUS

<input type="checkbox"/> FULL TIME, <u>NOT</u> LOOKING FOR ADDITIONAL HOURS	<input type="checkbox"/> PART TIME, <u>NOT</u> LOOKING FOR ADDITIONAL HOURS
<input type="checkbox"/> FULL TIME, LOOKING FOR ADDITIONAL HOURS	<input type="checkbox"/> PART TIME, LOOKING FOR ADDITIONAL HOURS
<input type="checkbox"/> DISABLED, RECEIVING DISABILITY SERVICES	<input type="checkbox"/> EMPLOYED SEASONALLY/INTERMITTENTLY
<input type="checkbox"/> DISABLED, <u>NOT</u> RECEIVING DISABILITY SERVICES	<input type="checkbox"/> OTHER - PARTICIPATING IN UNPAID JOB EXPERIENCE
<input type="checkbox"/> RETIRED	<input type="checkbox"/> UNEMPLOYED

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<input type="checkbox"/> PENSION FROM A FORMER JOB \$ _____	<input type="checkbox"/> SSDI \$ _____
<input type="checkbox"/> UNEMPLOYMENT \$ _____	<input type="checkbox"/> WORKER'S COMP \$ _____
<input type="checkbox"/> EMPLOYMENT \$ _____	<input type="checkbox"/> PRIVATE DISABILITY INSURANCE \$ _____
<input type="checkbox"/> SSI \$ _____	<input type="checkbox"/> VETERAN'S DISABILITY \$ _____
<input type="checkbox"/> CONTRIBUTIONS FROM OTHER PEOPLE \$ _____	TOTAL MONTHLY INCOME \$ _____

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<input type="checkbox"/> TANF CHILD CARE SERVICES \$ _____	<input type="checkbox"/> SECTION 8 PUBLIC HOUSING OR RENTAL \$ _____
<input type="checkbox"/> MEDICAID \$ _____	<input type="checkbox"/> WIC \$ _____
<input type="checkbox"/> TANF TRANSPORTATION \$ _____	<input type="checkbox"/> TEMPORARY RENTAL ASSISTANCE \$ _____
<input type="checkbox"/> MEDICARE \$ _____	<input type="checkbox"/> VA MEDICAL \$ _____
<input type="checkbox"/> OTHER TANF SERVICE \$ _____	<input type="checkbox"/> OTHER _____ \$ _____

HOW DID YOU HEAR ABOUT THE FAMILIES TOGETHER PROGRAM?

(continued)

DEPENDENTS / CHILDREN

NAME OF CHILD 1 (FIRST, MIDDLE INITIAL, LAST)

SOCIAL SECURITY #	DATE OF BIRTH	GRADE	GENDER
RELATIONSHIP TO HEAD OF HOUSEHOLD		DEPENDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

ETHNICITY (OPTIONAL)
 HISPANIC/LATINO NON-HISPANIC/NON-LATINO

RACE (OPTIONAL)
 AMERICAN INDIAN/ALASKA NATIVE ASIAN BLACK/AFRICAN-AMERICAN WHITE
 NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER OTHER (PLEASE STATE)

HAS CHILD SERVED IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	US MILITARY VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DISABILITY OF LONG DURATION?
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NAME OF CHILD 2 (FIRST, MIDDLE INITIAL, LAST)

SOCIAL SECURITY #	DATE OF BIRTH	GRADE	GENDER
RELATIONSHIP TO HEAD OF HOUSEHOLD		DEPENDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

ETHNICITY (OPTIONAL)
 HISPANIC/LATINO NON-HISPANIC/NON-LATINO

RACE (OPTIONAL)
 AMERICAN INDIAN/ALASKA NATIVE ASIAN BLACK/AFRICAN-AMERICAN WHITE
 NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER OTHER (PLEASE STATE)

HAS CHILD SERVED IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	US MILITARY VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DISABILITY OF LONG DURATION?
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NAME OF CHILD 3 (FIRST, MIDDLE INITIAL, LAST)

SOCIAL SECURITY #	DATE OF BIRTH	GRADE	GENDER
RELATIONSHIP TO HEAD OF HOUSEHOLD		DEPENDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

ETHNICITY (OPTIONAL)
 HISPANIC/LATINO NON-HISPANIC/NON-LATINO

RACE (OPTIONAL)
 AMERICAN INDIAN/ALASKA NATIVE ASIAN BLACK/AFRICAN-AMERICAN WHITE
 NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER OTHER (PLEASE STATE)

HAS CHILD SERVED IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	US MILITARY VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DISABILITY OF LONG DURATION?
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