

**EXODUS HOUSING  
AGENCY/SHELTER REFERRAL**

Return completed form by fax: (253) 826-2169  
Or by mail: P.O. Box 1006, Sumner, WA 98390

Applicant Name(s) \_\_\_\_\_ Date \_\_\_\_\_

**Referral Information**

Agency/Shelter Name: \_\_\_\_\_

Staff Person Making Referral \_\_\_\_\_ Agency/Shelter Phone \_\_\_\_\_

How long has this family been in your shelter or involved with your agency? \_\_\_\_\_

When must they leave? \_\_\_\_\_

Are they currently working toward specific goals with your program and if so, please list: \_\_\_\_\_

What are the barriers keeping this family from achieving self sufficiency? \_\_\_\_\_

What program services has the family received? \_\_\_\_\_

Have any shelter/agency rules been broken?  YES  NO

If yes, then please explain: \_\_\_\_\_

Have required meetings been attended regularly?  YES  NO

If no, then please explain: \_\_\_\_\_

What are the family's primary needs at this time? \_\_\_\_\_

Please describe the family's strengths: \_\_\_\_\_

Do you have a particular reason for referring to Exodus Housing? \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization to Release Information

The undersigned applicants/ participants have applied for housing at Exodus Housing. The applicants/ participants listed below consent to the release of information as indicated by their or their legal guardian signature(s).

First and Last Name	Birth Date

I/we do hereby authorize \_\_\_\_\_ and its staff or authorized representative to  
(Referring Agency Name)

contact Exodus Housing about my application to obtain and verify any information or materials which are deemed necessary to determine my family's eligibility for transitional housing

I understand that I can revoke my permission to release confidential information at any time. This release of information is good until \_\_\_\_\_  
(Expiration Date)

\*\*\* If not date is entered the release will automatically expire in 90 days. \*\*\*

Signature of Head of Household	Date
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Signature of Head of Household	Date
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