Solving the Puzzle!

***Referral Form Cooperative Agreement to Benefit Homeless Individuals (CABHI/CABHI Enhancement)***

***Name of Person interested in services (Applicant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Name of Person making the referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Referring Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***How the person making the referral may be contacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Yes No***

|  |  |  |
| --- | --- | --- |
| **Is the applicant an adult between the age of 17-and-a-half and 65-years-old?** |  |  |
| **Is the applicant homeless? If so, how long:\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| **Is applicant a US Citizen or Permanent Resident? If no, what is their Citizenship status\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| **\*Does applicant have a diagnosis or condition that prevents from working for more than 12 months or is expected to end in death? If so, explain? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| **Does applicant have an active application with Social Security or currently in the Social Security Disability Benefits appeal process?** |  |  |
| **Does applicant earn less than $1,130 (or $1,820 with a vision disability) per month?** |  |  |
| **Is applicant currently working with a professional, on an SSI/SSDI application?** |  |  |
| **Is applicant receiving Aid to Needy and Disabled assistance?** |  |  |
| **Is applicant a Veteran?** |  |  |
| **Is applicant currently working with an employment counselor?** |  |  |
| **Is applicant interested in employment (working with an IPS Employment Specialist)?** |  |  |

**\*The Social Security Administration defines disability as having a condition that has prevented (or is expected to prevent) the applicant from earning $1,130 per month for at least 12 months.**

**Please complete the following contact information for the person interested in DBS services and email to bkish@coloradodbs.org or fax to 1.888.396.9836. If no fax is available to you, please call DBS at 1.888.396.9838 or Byron Kish at 303.515.1653.**

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT NAME (FIRST, MIDDLE, LAST):** | **BIRTHDATE:** | **Applicant Phone #:** | |
| **STREET ADDRESS:** | | **BACK-UP PERSON to reach applicant:** | |
| **CITY, STATE, ZIP:** | | **CONTACT INFO FOR BACK-UP:** | |
| **Additional Notes:** | | |