

Client Service Hours
Monday-Friday 12:00 PM to 5:00 PM

To receive services: Picture ID, Income, Rent, and Proof of Address must be presented

Referral Date: _____ **This form is to be completed only by an agency representative.* Gender: Male Female

Last Name: _____ First Name: _____ Age: _____ DOB: _____

Address: _____ Apt # _____ City _____ State **CA** Zip _____

Is Client Homeless? Yes No Tel# _____ Email: _____

RACE (circle all that apply) **WHITE** **BLACK** **HISPANIC** **ASIAN** **AMERICAN INDIAN** **OTHER**

**Some services may require an appointment. Additional verifications may be required. All items are subject to availability*

- | | | |
|--|-----|----|
| 1. Received services from Unity in past? | Yes | No |
| Date of last visit: (approx. ok) _____ | | |
| 2. Do you share housing (renting room?) | Yes | No |
| 3. Do you receive Housing Assistance | | |
| Sec8 Housing HUD | Yes | No |
| 4. Participate in the safe parking program? | Yes | No |
| (Current within 30 days verification required) | | |
| 5. Sleeping at a shelter? | Yes | No |
| Name of shelter: _____ | | |

MONTHLY HOUSEHOLD INCOME

NAME OF CURRENT EMPLOYER:
 _____ \$ _____

Disability/Social Security /SSI \$ _____

General Relief \$ _____

CalFresh/FoodStamps \$ _____

Unemployment \$ _____

Other Income: _____ \$ _____

RENT Paid \$ _____

Utilities Paid \$ _____
 (Water, Trash, Elec, & Gas only)

Utilities: Do you pay for Gas? NO YES

Referring Agency (A0852)
AmeriCorps Partnership for Veterans
 26 West Anapamu St. #102, Santa Barbara CA 93101
 451-5604
 (This form is only to be completed by an agency rep.)

Referring Worker: _____ DATE: _____
 Direct Line / Email: _____