

1401 Chapala St. (corner of Sola)

Tel:965-4122 / Fax 963-0950

Referrals@unityshoppe.org

UNITY SHOPPE

Single Adult Referral 2020

(without minor children in the household)

Client Service Hours

Monday- Friday 1:00 PM to 5:30 PM

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

This form is to be completed only by an agency representative

Referral Date: _____

Gender: Male Female

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

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

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

RACE: WHITE
(circle all that apply)

BLACK

HISPANIC

ASIAN

AMERICAN INDIAN

OTHER

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

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: _____

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

(A0852) AmeriCorps Partnership for Veterans

26 West Anapamu St. #102, CA 93101

451-5604

Referring Worker: _____ DATE: _____

Direct Line / Email: _____