



# PATHWAYS to Permanent Housing

Department of Health and Human Services • Housing Division- Special Needs • Housing Referral Form  
600 W Walnut St Ste. 100 • Milwaukee, WI 53212 • 414-278-4369 • Fax: 414-223-1815

**Requirements:** *Individuals referred who meet the Chronic Homeless Definition as defined by HUD will be prioritized. Please provide documentation of Chronic Homelessness on page two.*

**\*\*\*\*\* Referrals will be staffed on an individual basis as beds are available and according to need/ vulnerability.**

**Please note that workers are required to attend an operations meeting on either the 1<sup>st</sup> or 3<sup>rd</sup> Monday of the month at 1pm at the Housing Division Offices.**

Date: \_\_\_\_\_ Consumer Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Service Point ID number: \_\_\_\_\_ Sex: Male  Female

Current Living Situation: \_\_\_\_\_

Case Management Agency: \_\_\_\_\_ CSP  TCM  CCS

Case Manager/ Referent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Service Providers and/ or Plan for Case Management, if services are not in place:

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

Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Income type: \_\_\_\_\_ Amount/Month: \_\_\_\_\_

Payee: \_\_\_\_\_ Payee's Phone: \_\_\_\_\_

Legal Status (✓ all that apply): Voluntary  Chapter 51  Chapter 55/880

Parole/Probation  Sex Offender

Pending Criminal Charges (include CCAP/ Municipal printout)

Please explain: (Stipulation, Commitment, Exp. Dates, Guardian)

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

Permanent Housing Plan (Please include list of all housing referrals/ applications completed):

\_\_\_\_\_

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## Homeless History:

Starting with the current homeless episode, list all periods of homelessness and locations stayed over the last three years or the last year consecutively. Please reference Chronic Homeless definition below when completing homeless history.

*A chronically homeless individual, is an individual with a disability who lives in a place not meant for human habitation, a safe haven or in an emergency shelter and has been homeless continuously for at least 12 months or 365 days or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months or 365 days. Occasions separated by a break of at least seven night and stays in institutions of fewer than 90 days do not constitute a break. An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria above, before entering the facility also qualifies as chronically homeless.*

| Time Period |      | Whereabouts | Documented? |
|-------------|------|-------------|-------------|
| To          | From |             |             |
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**\*\*\*\* Please include verification letters verifying chronic homeless status, listed above, by a third party (i.e. Outreach Worker, Shelter Documentation, MPD HOTT team verification, etc.)**