



Community Referral Form

Housing Opportunities Made Equal, Inc.
1542 Main Street @ Ferry
Buffalo, NY 14209

Phone: 716-854-1400 | Fax: 716-854-1140
Email: info@homeny.org

REFERRING AGENCY

AGENCY		PHONE	
LOCATION		EMAIL	
FORM COMPLETED BY		PHONE	DATE

EDUCATION & OUTREACH		MOBILITY/APARTMENT SEARCH ASSISTANCE		LANDLORD/TENANT & DISCRIMINATION	
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CLIENT INFORMATION

LAST NAME		FIRST NAME	
INTERPRETER REQUIRED?		NUMBER IN FAMILY	
LANGUAGE REQUIRED		CELL PHONE	
CLIENT'S ADDRESS		ALTERNATE PHONE	
		EMAIL	
		PREFERRED CONTACT METHOD	
		BEST TIME TO CONTACT	

SERVICE REQUESTED

REASON FOR REFERRAL	
ADDITIONAL COMMENTS	

CONSENT TO RELEASE INFORMATION Read with client / caregiver and answer any questions before obtaining signature.

The signature below serves to authorize that the client understands that the purpose of the referral and disclosure of information to the agency listed above is to ensure the safety and continuity of care among service providers seeking to serve the client. The referring agency has clearly explained the procedure of the referral to the client and has listed the exact information that is to be disclosed. By signing this form, the client authorizes this exchange of information. Additionally, the client authorizes HOME to act as their representative in matters related to my fair housing complaint, including all matters related to the investigation of said complaint.

CLIENT SIGNATURE		DATE	
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REFERRAL RECEIVED BY		DATE RECEIVED	
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Community Referral Form: Instructions for Completion

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1542 Main Street @ Ferry
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Phone: 716-854-1400 | Fax: 716-854-1140
Email: info@homeny.org

After completing HOME's Community Referral form, please send it to us using one of the following:

- Fax: 716-854-1140
- Email: Send scanned copy to info@homeny.org
- Online form: electronic version available at homeny.org/referral
 - If you choose electronic submission, please still have your client sign the consent form at the bottom of this form and send it to us via email or fax

After submission, you can expect a follow-up from HOME within a business day.

REFERRING AGENCY

Please include the name of your agency and its information in the blue boxes. In the gray boxes, please include your own name and phone number or extension, as well as the date on which you are completing the form.

Underneath, please check the box corresponding to the service your client needs.

- **Education & Outreach:** This includes education on fair housing law, such as attending one of our tenants' rights workshops.
- **Mobility/Apartment Search Assistance:** This includes requests for rental listings or inquiries about HOME's Community Housing Center (CHC)
 - Your client may be eligible for the CHC program if they have recently received a Section 8 Housing Choice Voucher for the first time.
- **Landlord/Tenant & Discrimination:** This includes any issue with a landlord, whether the client's current landlord or a landlord the client encounters in their housing search. If you select this option, please include as many details as you can in the "Service Requested" section below.

CLIENT INFORMATION

Please fill out all boxes to allow us to contact the client.

SERVICE REQUESTED

Please provide as many details as possible about your client's housing needs. If you selected "Landlord/Tenant & Discrimination" above, please include the address of the property and as much information about the landlord as the client knows. If the client has experienced discrimination, please include the protected class.

CONSENT TO RELEASE INFORMATION

Please do your best to ensure the client knows and understands the purpose of this referral and have them sign and date the form so we may assist them.

REFERRAL RECEIVED BY		DATE RECEIVED	
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Please leave these blank to allow HOME staff to complete them.