

City of Urbana  
Dept. of Community Development Services  
Agency Referral for Transitional Housing Program

Applicant Name: \_\_\_\_\_

**A. HOUSEHOLD**

☐ Two Parent    ☐ Single Parent    ☐ Number in Family \_\_\_\_\_

Does this family currently live in an emergency shelter?    ☐ Yes    ☐ No

○ If yes, where? \_\_\_\_\_

○ If no, where is family currently residing? \_\_\_\_\_

**B. FAMILY SITUATION** (Please check all that apply)

☐ Family is currently unable to obtain and maintain permanent housing.

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Parent has experienced difficulty retaining a job.

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Parent is unable to locate a job which pays sufficient income to enable independent community living due to: (Check all that apply.)

☐ Lack of childcare    ☐ Lack of job skills    ☐ Lack of high school education/GED

☐ Other (explain below): \_\_\_\_\_  
\_\_\_\_\_

☐ Family is homeless due to specific temporary crisis & requires time to locate permanent housing.

- ☐ Parent has had frequent geographical moves.
- ☐ Parent has suffered physical/emotional abuse and requires long term support.
- ☐ Describe any special needs of the children: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**C. REFERRAL INFORMATION**

What factors led you to believe this family would benefit from the City of Urbana's Transitional Housing program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any special concerns regarding this family? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any reason to believe a member of this family has an untreated substance abuse problem? ☐ Yes ☐ No

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Agency or Organization

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date