



- Head of Household (HoH) has consented to referral
- HoH has agreed to 3 months of step down case management (1st Month: 2 home visits and 2 phone calls; 2nd and 3rd Months: 1 home visit and 3 phone calls)
- HoH will need to provide:
 - Driver's License/State ID
 - Lease
 - 3 Day Demand (when appropriate)
 - Proof of Children (Birth Certificate, SS Card, Custody Agreement)

Shelter Prevention and Diversion Program Referral

Name and Agency of person making referral: _____

Phone: _____

Is Family receiving services/case management through Family Connections? Yes No

Head of Household Name: _____ Date of Birth: _____

Phone: _____ Address: _____
City Zip

Monthly Income: _____

Income Source: _____ Length of employment: _____

Family Members and Ages:

Brief description of current situation:

What steps does client need for long term stability?:

If you have any questions regarding the completion of this form, please contact Erin McNab or Leonor Gonzales, Family Services Managers at 719-329-1244 or erin@familypromisecos.org or leonor@familypromisecos.org