Housing Referral Form ~ Ages 18-24

“We strive to build communities where all youth know care, feel loved and have a support system to help them move quickly from surviving to thriving.”

Please email or scan this referral form to ochousingcm@standupforkids.org

<table>
<thead>
<tr>
<th>Referring Person/Title:</th>
<th>Campus:</th>
<th>Date:</th>
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<tr>
<th>Work Phone:</th>
<th>Fax:</th>
<th>Email:</th>
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Would you like updates on this referral?  ☐ Yes  ☐ No

If you answered yes, please attach completed ROI, signed by youth

<table>
<thead>
<tr>
<th>Client’s Name:</th>
<th>Date of Birth:</th>
<th>Gender:</th>
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<table>
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<tr>
<th>Address:</th>
<th>Housing Accommodations:</th>
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<tr>
<th>City:</th>
<th>Cell Phone:</th>
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Client’s Immediate Needs (circle all that apply)

**Basic Needs:**
- Clothing
- Food
- Transportation
- Housing
- Medical
- Vision
- Hygiene Items
- Other: _____

**ID & Mailing Services:**
- Birth Certificate
- ID
- SS Card
- PO Box

**Academic/Educational:**
- Tutoring
- School Supplies
- Access to Internet
- Access to a Computer
- GED
- FAFSA
- College
- Other: _____

**Employment Readiness:**
- Employment Readiness
- Job Search
- Budgeting
- Other: _____

**Reason for Referral:**

__________________________________________________________________________

__________________________________________________________________________

Contact Information:

StandUp for Kids
1055 El Camino Dr., Suite E., Costa Mesa, CA  92626
Phone: 714-356-5437
Email: orangecounty@standupforkids.org
Website: https://www.standupforkids.org/orangecounty
AUTHORIZATION TO RELEASE INFORMATION

Client's Last Name ____________________________  Client's First Name ____________________________  Client's Middle Name ____________________________  Date of Birth ________________

I authorize ____________________________ to disclose the following:

(Agency Releasing Information)

☐ to release and receive medical, psychological, or any and all other information to:

To the recipient listed below:

Recipient's Name (may be an individual, agency, or organization) ____________________________  Relationship to Client ____________________________

Recipient's Street Address ____________________________  City ____________________________  State ____________________________  Zip ____________________________

Recipient's Date of Birth ____________________________  Recipient's Phone # ____________________________  Last 4 Digits of Recipient's Social Security # ____________________________

(Date of Birth and SSN# is required only for individual recipients. They are not required when releasing information to an agency or organization.)

Purpose for which this information is to be used:

__________________________

I understand that:

✓ this authorization to release information will remain in effect until I revoke it in writing
✓ this consent does not permit the recipient to authorize release of my information to a third party except where specifically required or permitted by law, without additional authorization
✓ this is a standing consent and will not result in a release of information unless requested by the recipient listed above

Client's Signature (Photo ID is required) ____________________________  Date ____________________________  Client's Phone Number ____________________________

Email this form to: orangecounty@standupforkids.org

Client's photo ID verified by: ____________________________