

PLACES, INC.

PERMANENT SUPPORTIVE HOUSING REQUEST FOR INTERVIEW

Submitted by: _____
Name Title

Agency/Program Telephone

Potential Tenant: _____
Name

Date of Birth Social Security Number

Income Source Amount

Current Location: _____

I believe that this individual meets the criteria for consideration by PSH

This individual is seriously mentally ill as verified by:

____ yes ____ no This individual is currently affiliated with the mental health treatment system

____ This individual is homeless as defined by HUD

____ This individual is chronically homeless as defined by HUD

____ This individual wishes to be interviewed for PSH

I will assist PSH in arranging an interview for this individual.

Signature of Staff Member

Received:

Interview:

Assigned;