Golden Rainbow Use Only					
Check #					
Check Date					
Funding Source					
Amount					
CC	CR	CW	EX	GR	
Date Called					
Approved					

Interagency Referral and Consent Form

Referring Agency Information

Referring Agency:		
Referred By:		
Title:	Date:	Phone:

Please list at least 2 other agencies you attempted to receive assistance for your client. Please document whom you spoke with, the Agency, and the reason for the denial (please indicate dates).

(Referral will not be processed unless this portion is completed):

Client Information

Client Name:				
Ryan White Expiration Date:	Gender:	☐M ☐F ☐M to F ☐F to M		
Date of Birth:5/30/1961	Ethnicity/Race: *How do you identify yourself? (Select all that apply)*			
☐Asian ☐Black/African American ☐American Indian/Alaskan Native ☐Middle Eastern ☐Native Hawaiian/Pacific Islander ☐North African ☐Other Multi-Racial ☐White				
Are you of Hispanic or Latino descent (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture)? ☐Yes ☐No				
Preferred Pronouns:				
Female of head of household?	☐Yes ☐No	Head of household Single?	☐Yes ☐No	
Head of household Disabled?	☐Yes ☐No	SSN:		
Street Address:		Phone Number:		

Assistance Request

Type of Assistance (i.e. rent, utilities, move-in's, support services, etc.):		
Amount Requested $		
Is this amount subject to change?	☐Yes	☐No
Name of Payee/Vendor:		

Reason for Referral (include circumstances that have left client unable to pay and sustainability once funds are received):		
Has the client received help from any agency in the past 12 months?	☐Yes	☐No
Amount:	Date:	
Referral for Move-In Assistance?	☐Yes	☐No

Client Financial Information

Current Source of Income (check all that apply)	☐ SSI	☐ SSD	☐ CCSS	☐ None	☐ Employed	☐ Other
Amount $	Per: ☐Week	☐Month	☐Year			
Total# of Occupants in Household:	Adults:	Children:	Rent per month $			

Diagnosis Information for HOPWA

Please attach an Individual Service/Care Plan and the following supporting documentation:

All HOPWA assistance MUST attach for Move-ins, NV ID's & Work-related cards

☐**HOPWA-ROI Or Universal ROI**	☐**HIV/AIDS Diagnosis**	☐**Proof of Income** (all sources for each household member and/or zero income affidavit)	☐**Lease** (if applicable)	☐**Client ID**

Print names of everyone in the household, including the person requesting assistance. If assistance is for a minor child, please list the child's information also.

First Name	Last Name	D.O.B	M/F	Head of HH: Y/N	Monthly Income Per Person
					$