

NC BoS CoC EMERGENCY HOUSING VOUCHER PROGRAM REFERRAL FORM

Client information:	SSN: XXX-XX- _____
_____	_____
Name	Phone Number

Continuum of Care (CoC) Case Worker/Agency Information:			
_____		_____	
Name		Phone Number	
_____		_____	
Email		Fax Number	
_____		_____	
Mailing Address	City	State	Zip

The NC BoS CoC CE Lead certifies that the above client is eligible for the Emergency Housing Voucher and meets the following preference(check all that apply):

NC BoS CoC Priorities – households ready to move on and/or with highest length of unsheltered homelessness and/or on current regional CE By Name List who need long term rental assistance.

Homeless – as defined in section 103(a) of the McKinney-Vento Homeless Assistance Act, which is codified in HUD’s CoC program regulations at 24 CFR 578.3.

At risk of homelessness – as defined in section 401(1) of the McKinney-Vento Homeless Assistance Act, which is codified in HUD’s CoC Program regulations at 24 CFR 578.3.

Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking (includes HUD-assisted emergency transfers) – as defined by HUD.

Recently homeless – defined as families who have previously been classified by a member agency of the CoC as homeless but are not currently homeless as a result of homeless assistance, temporary rent assistance or some type of other assistance, and where the CoC determines that the loss of such assistance would result in a return to homeless or the family having a high risk of housing instability.

_____	_____
Signature of Case Manager Certifying Eligibility	Date
_____	_____
Printed Name and Title	Phone Number

The CoC Representative certifies the above client is identified in the coordinated entry system:	
_____	_____
Signature of CoC Representative	Date