

Request to Return Housing Referral

Client Name: _____ Date: _____

HMIS ID #: _____ Date of Referral: _____

Housing Program: _____

Case Manager Name: _____

Email: _____ Phone: _____

Sending Agency: _____

Sending Agency Case Manager: _____

Email: _____ Phone: _____

Reason requesting to return referral (fill in applicable section)

1. Client not eligible for housing program

Please clearly describe eligibility issue:

2. Cannot locate participant

Please clearly describe sending and receiving agency attempts to locate client:

3. Participant declined admission to the housing program

Please clearly describe why participant declined admission and sending and receiving agency steps taken to address participant concerns:

Receiving Agency Signature: _____

Date: _____

Submit Form to Entry Point Referral Manager, referrals@myentrypoint.org

Entry Point Resolution			
Sending Agency confirmation	Yes	No	Date:
Return Request Accepted	Yes	No	Date:
Comments:			