

**YWCA OF WESTERN MASSACHUSETTS
SUPPORTIVE HOUSING PROGRAM
REFERENCE FORM**

I, _____, hereby authorize:

Applicant Name

(name of program you currently reside in or have resided in past)

Contact Person

Address of Program

Phone #

to release information to the YWCA Supportive Housing Program in order to determine my eligibility for acceptance into the program.

Applicant Signature

Date

This section to be completed by the reference person:

1) Dates Applicant lived in your program/facility _____

2) Why did Applicant move out? _____

3) Services provided by your agency to this Applicant:

4) Any concerns with Applicant's interactions with staff, peers or children? ___no ___yes;
comments: _____

5) Do you anticipate Applicant having difficulty paying rent on time? ___no ___yes

6) Does Applicant owe you money? ___no ___yes; how much? _____

7) Does/Did Applicant keep their living space clean, safe and sanitary? ___yes ___no;
comments _____

8) Did Applicant cause damage to living space? ___no ___yes

9) Do you anticipate Applicant having difficulty with program expectations? ___no ___yes;
comments: _____

10) Do you anticipate Applicant having difficulty meeting our 30-hour/week
school/work/volunteer requirement? ___no ___yes; comments: _____

11) Why do you believe the Applicant will be a good candidate for the YWCA Supportive Housing
Program?

Reference Signature

Date