

Community Action Team, Inc. Internal Referral Form

Please complete the sections below that apply to your household for a referral to other programs within CAT

Client Contact Info.	Date: _____	
	Applicant Name (First, M.I., Last): _____	
	Phone: _____ Email: _____	

Housing	1. Does your household have a 72 hour eviction notice? YES / NO 2. Has your household received Rent/Deposit assistance from our office within the last year? YES / NO 3. Are you currently homeless (car, street, camping, shelter)? YES / NO
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Energy	1. Do you currently have a shut off notice for Electric or Natural Gas YES / NO 2. Has your household received energy assistance from us this winter? YES / NO 3. Type of heat (Circle One): Electric Natural Gas Oil Propane Wood Pellet Other: _____ 4. Do you have a furnace that is not working in your home? YES / NO
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Veterans	1. Have you or someone in your household served in the military? YES / NO 2. What assistance are you seeking? (Circle one below) VA Health Care / Pension / Compensation / Education / Benefits / Other: _____ 3. Do you have a copy of your Discharge from service? YES / NO
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Healthy Families	1. Are you or your partner pregnant? YES / NO 2. Would you like some extra support with your pregnancy and/or new baby? YES / NO
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Head Start	1. Do you have a child who is age 3 or 4? YES / NO 2. Are you interested in learning about preschool options? YES / NO
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Seniors	1. Are you or someone in your household 60 years or older? YES / NO 2. Are you or someone in your household homebound? YES / NO 3. Are you or someone in your household diagnosed with dementia? YES / NO
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Mortgage	1. Is your household struggling to pay your mortgage? YES / NO 2. Has your household had an unexpected financial crisis? YES / NO 3. Are you currently in foreclosure? YES / NO
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Weather-ization	1. Does your home feel cold or drafty even when you have your heat on? YES / NO 2. Do you know how old your home is? YES / NO If so, approximate year it was built _____. 3. Do you plan to move in the next year? YES / NO 4. Is there visible mold in your home? YES / NO
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