

HAVEN LEGACY LIVING

REFERRAL PARTNER INTEREST FORM

A Place to Live. A Legacy to Build.

Haven Legacy Living is developing nonmedical shared housing for adults who can live independently. This form helps us understand your organization's housing needs and explore a future referral partnership.

We are currently searching for a property. No rooms or opening date are confirmed. Completing this form does not guarantee placement or commit your organization to referrals or payment.

1. Organization Information

Organization / Agency Name: _____

Service Area / Counties: _____

Contact Person and Title: _____

Phone: _____

Email: _____

Website: _____

2. Residents You Serve

Which populations does your organization serve? Check all that apply.

- | | |
|---|--|
| ☐ Veterans | ☐ Adults returning from incarceration |
| ☐ Homelessness / housing instability | ☐ Independently functioning seniors |
| ☐ Adults with disabilities, living independently | ☐ Domestic violence survivors |
| ☐ Adults in recovery | ☐ Other: _____ |

Do you work with adults seeking nonmedical housing who can manage daily living independently, with outside support if needed?

☐ Yes ☐ No ☐ Some - explain: _____

What housing barriers do your clients commonly face? Describe general needs without identifying individual clients.

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3. Housing Needs

Preferred cities / counties: _____

Housing needed:

☐ Private bedroom; shared common areas

☐ Shared bedroom, if program permits

☐ Entire home / apartment

☐ Other: _____

Monthly housing budget per resident: \$_____ to \$_____

Preferred length of stay:

☐ Short-term / transitional

☐ Ongoing tenancy

☐ Varies

How soon do your clients typically need housing?

☐ Immediately

☐ Within 30 days

☐ Within 60-90 days

☐ Varies

Estimated clients needing suitable housing per month: _____

Estimate only; not a referral commitment.

Important location, transportation, or accessibility needs:

4. Referrals and Financial Assistance

☐ Referrals only

☐ Housing navigation / case management

☐ Financial assistance for eligible residents

☐ Connections to outside funding

☐ Other: _____

Assistance program and expenses it may cover: _____

Who authorizes referrals or payments? _____

What must a housing provider complete before receiving referrals?

☐ Property review / inspection

☐ Provider application

☐ Insurance verification

☐ Lease / agreement review

☐ MOU / partnership agreement

☐ Other: _____

Are individually leased rooms eligible under your program?

☐ Yes

☐ No

☐ Requires review

☐ Not applicable

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5. Interest in Connecting

- ☐ Schedule an introductory conversation
- ☐ Receive housing availability updates
- ☐ Review a proposed property
- ☐ Share our free move-in interest form
- ☐ Discuss partnership after provider review

Additional questions / requirements:

Completed By:

Date:

Please return this form by replying to the email that included it.

Please do not include resident names, Social Security numbers, medical records, or other confidential client information. Individual resident interest and referrals will be handled separately with appropriate consent.