

KEEP THIS FORM



Residential Assistance for Families in Transition

Referral Appointment Checklist

Name: _____

Date of Next Appointment: _____ Time of Next Appointment: _____

Please bring the following items with you to your next appointment:

- ____ Driver's License or Official Photo ID (all adults)
- ____ Birth Certificate(s) (everyone in the household)(hospital one works temporary for children)
- ____ Social Security Card(s) (everyone in the household)
- ____ Proof of Vehicle Insurance (if applicable)
- ____ Car Registration (if applicable)
- ____ Marriage License (if applicable)
- ____ 3 References (someone you are not related to and have known for at least 2 years)
-Full name and phone number. *
- ____ Name of all medications currently taking and dosage (everyone in the household) *
- ____ List of Last Three Employers (name of business, phone number, contact person) *
- ____ List of last three addresses (address and length of stay) *
- ____ Other _____

***Please have these written down in advance for your interview.**

RAFT Staff contact information:

Erin or Renae
(308) 865-5675

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