



Residential Assistance for Families in Transition Agency Referral

Referred By:

Agency:

Phone:

Applicant Name(s):

Other Name(s) Used:

(Include maiden name and nicknames)

Social Security # (last 4 digits):

DOB:

Race: Other race, ethnicity, or origin
(Optional)

Gender: Female

Marital Status: Cohabiting

Housing Type: Other

Other (Explain):

Current Address:

(City/State/Zip)

How long have you been at this address? _____

Last Permanent Address:
(90 days or longer)

(City/State/Zip)

How long were you at this address? 2 years + Email Address:

Current Phone:

Message Phone:

Are any adults disabled? No

Type of disability:

Are any adults currently employed? No

If yes, how many hours a week?

If yes, by whom?

Length of current employment:

If not employed, are you currently seeking employment? No

If no, why not?

Is anyone in the household pregnant? No

If yes, what is their due date?

Are any adults currently attending school? No

If yes, where?

Do you have transportation? No

Do you have a driver's license? No

Annual Gross Income: \$20,001 +

Total number of individuals who would be residing in the household: 7+

Name	Age	DOB	School/Grade Completed	Last 4 of SS#	Gender

AUTHORIZATION TO RELEASE INFORMATION

I authorize the release of personal information from any of the following:

- | | |
|--|--|
| ☐ South Central Behavioral Services | ☐ NE Dept. of HHS |
| ☐ Kearney Housing Authority | ☐ SAFE Center |
| ☐ Community Action | ☐ Families CARE |
| ☐ Region 3 Behavioral Services | |
| ☐ Other (please specify) | |

If you have any questions about how to fill out this form or the RAFT Program please call (308) 865-5675 ex 1140/1133.

All information released from any agency listed above will be kept in strict confidence.

I understand that the release of any information is subject to release only by my authorization. This authorization is valid for a period of 90 calendar days from the date of the signature below:

Signature of Applicant: _____ Date: _____

Signature of Agency Representative: _____ Date: _____

Mail/Drop off Referral to: RAFT, Inc.
16 West 11th Street
Kearney, NE 68847

or

Fax Referral to: (308) 865-5681
email to: rself@raftnebraska.org