



South Bay Cities Council of Governments Financial Assistance Service Referral

- Rental
- Motel Voucher
- Transportation to Treatment Facility
- Other (Specify: _____)
- Prevention
- Treatment Facility Fee

Referring City: _____ Date: _____

Referred by (Name/Phone Number or Email): _____

Participant(s) Name: _____ DOB: _____

Individual TAY Family

Family composition: _____

Current location: _____

If housed, is there a lease: Y or N (If yes, please attach copy of lease to referral form)

Agency (if connected): _____

Income: _____ Source: _____

Contact number: _____

Brief housing/homeless history, employment history, housing barriers, COVID implications:

PATH use only:

Date received: _____

Amount Allocated: _____

Copy of Check Attached: _____

Lease Attached: _____