



DBHDS Housing Resource Referral and Assessment

Referral Submission Instructions:

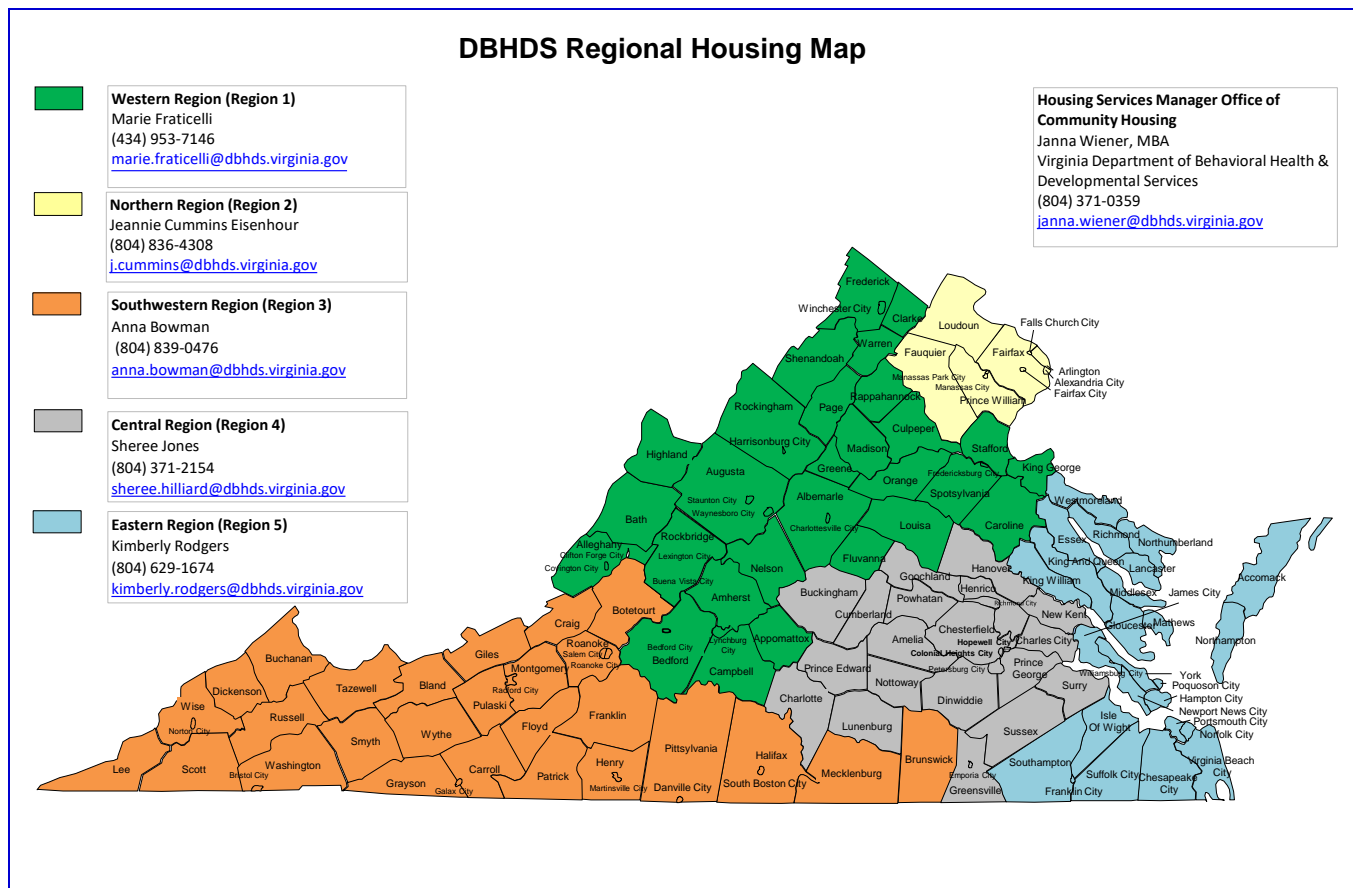
The Referral and Assessment Form must be submitted by the person's CSB Support Coordinator/CSB Contracted Case Manager. If the individual has a Community Housing Guide, the Support Coordinator may ask the Community Housing Guide to complete Sections K – M (pages 5-9) with the individual. However, the Support Coordinator is responsible for ensuring all questions are answered and submitting the form.

Please download and save this form to your local drive. Type all responses. Provide the current address where the referred individual resides (e.g., not the provider's corporate address). The form must be signed by the individual being referred or their legal decision maker and the Support Coordinator/CSB Contracted Case Manager. All initials and signatures must be wet signed or electronically signed. Attach digital signature verification for electronic signatures. Incomplete forms will not be processed.

- **If you are submitting a referral for an individual for the first time**, please check "Initial Referral" at the top of page 1 and complete the referral in its entirety.
- **If you are revising a previously submitted referral**, please check "Revised Referral" at the top of page 1 and fill out only the sections with information that has been changed (a new signature page is required).
- **If you are resubmitting a referral that has been closed by DBHDS**, please check "Resubmitted Referral" at the top of page 1 and complete the referral in its entirety.
- **If you would like to withdraw a referral**, please check "Withdraw Referral" at the top of page 1 and complete page 1 of the referral form.

Email this completed form to: housingreferrals@dbhds.virginia.gov. If you do not have an email encryption system, first send an email requesting an encrypted response. Then, reply to the encrypted email and attach the form.

If you have a housing related question or need technical assistance, please contact the DBHDS Regional Housing Coordinator assigned to the region where the individual wishes to live. See the map below of the DBHDS regions with contact information for the DBHDS Regional Housing Coordinators.





DBHDS Housing Resource Referral and Assessment

- ☐ Initial Referral _____
☐ Revised Referral _____
☐ Resubmitted Referral _____
☐ Withdraw Referral _____

A. REFERRED INDIVIDUAL'S CONTACT INFORMATION

LEGAL NAME (First, Middle, Last Name)	BIRTH DATE (MM/DD/YYYY)	PHONE NO. (###-###-####)	SOCIAL SECURITY NUMBER
CURRENT PHYSICAL ADDRESS (Street Address, City, State, Zip)		RACE (Optional) White Black/African American	Asian Two or More Races American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander
MAILING ADDRESS if different (Street Address, City, State, Zip)		ETHNICITY (Optional) Hispanic or Latino Not Hispanic or Latino	EMAIL ADDRESS

B. SUBSTITUTE DECISION MAKER'S CONTACT INFORMATION (attach guardianship order or Power of Attorney)

NAME (First and Last Name)	PHONE NUMBER (###-###-####)	EMAIL ADDRESS
MAILING ADDRESS (Street Address, City, State, Zip)		
RELATIONSHIP (guardian, conservator, power of attorney, authorized representative, etc.)		

C. EMERGENCY CONTACT'S INFORMATION (if same as the substitute decision maker, write "same as above" in NAME)

NAME (First and Last Name)	PHONE NUMBER (###-###-####)	EMAIL ADDRESS
MAILING ADDRESS (Street Address, City, State, Zip)		
RELATIONSHIP (guardian, conservator, power of attorney, authorized representative, parent, grandparent, sibling, friend, etc.)		

D. SUPPORT COORDINATOR/CSB CONTRACTED CASE MANAGER'S CONTACT INFORMATION

NAME (First, Last Name)	DATE REFERRAL SUBMITTED TO DBHDS	DBHDS REGION (1-5, see cover page)
AGENCY NAME/COMMUNITY SERVICES BOARD (if your agency contracts with a CSB to provide support coordination, list your organization's Name and the name of the CSB that you contract with to provide case management services)		ORGANIZATIONAL ROLE CSB Support Coordinator CSB Contracted Case Manager
MAILING ADDRESS (Street Address, City, State, Zip)		
OFFICE PHONE NUMBER (###-###-####)	MOBILE PHONE NUMBER (###-###-####)	EMAIL ADDRESS

E. HOUSING LOCATION

What **county or city** in Virginia does the individual prefer to reside in? Please list in order of priority. **Do NOT list towns or neighborhoods.** For a list of counties and cities, copy & paste this website in your browser: https://en.wikipedia.org/wiki/List_of_cities_and_counties_in_Virginia

1)	2)	3)
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DBHDS Housing Resource Referral and Assessment

F. HOUSEHOLD COMPOSITION

List the referred individual and all persons who will reside with the individual **and** be on his/her lease. **The household cannot include the individual's parents, grandparents or guardians. Do NOT list persons who will live with the individual but have their own leases.** Include birth dates, relationship, & student status. Identify household members in the Settlement Agreement population. List each person's gross monthly income and indicate whether each agrees to make his/her income and resources available to the household (excluding live-in aides).

First and Last Name	Date of Birth	Relationship (self, spouse, sibling, child, unrelated friend, live-in aide)	In Settlement Agreement population? (Yes or No)	Full-Time Student? (Yes or No)	Gross Monthly Income (include wages, benefits, pensions, etc.)	Agrees to Make Income/Resources Available to Household? (Yes or No)
		Referred Individual				

Have all persons above been asked and agreed to become members of the individual's household? YES NO

G. RESOURCE PREFERENCES

What type of housing assistance is the referred individual requesting? Select one or more resources listed below.

1) Project-based Rental Assistance (PBRA) – this rent assistance is linked to a specific unit at a specific property. If the person moves, the rent assistance typically stays with the unit at the property.

2) Tenant-based Rental Assistance (TBRA) – this rent assistance is linked to a specific person, so if the person moves, the rent assistance goes with him/her. The applicant is responsible for locating a unit with a rent that is within the rent assistance program's maximum subsidy limit.

Does the individual plan to share a dwelling unit with other tenants who each have their own leases? YES NO

3) Low-Income Housing Tax Credit (LIHTC) Property - Rental housing that has units with rents set at levels affordable to households within certain income ranges. Rents do not change based on household income changes. Individuals with very low incomes (e.g., SSI/DI) may also require Tenant-based Rent Assistance. Some LIHTC properties have Project-based Rent Assistance. *If the individual is interested in a specific LIHTC Property, write the property's name here:* _____

H. QUALIFYING INFORMATION

1. Does the referred individual have a developmental disability as defined by the Code of Virginia § 37.2-100? YES NO

2. Please check the eligibility criteria that the referred individual meets and attach supporting documentation that verifies eligibility for individuals residing in nursing facilities or ICF-IDDs (e.g., PASRR level 1 and level 2 screening).

Currently resides at a DBHDS Training Center

Currently resides in an ICF-IDD or nursing facility and meets the functional requirements for a Developmental Disability Waiver (please attach documentation)

Currently receives Building Independence, Family and Individual Support or Community Living Waiver services

Currently on the waitlist to receive Building Independence, Family and Individual Support or Community Living Waiver services

3. Where does the referred individual currently live?

Training Center

Dwelling Owned by Family

Homeless
(describe where
person stays
at night)

Non-state ICF-IDD

Dwelling Leased by Family

Nursing Facility

Dwelling Owned by Applicant

Group Home

Dwelling Leased by or for Applicant

Other
(describe):

Sponsored Residential

Dwelling Leased to Applicant by Licensed Provider



DBHDS Housing Resource Referral Form

4. Does the referred individual or any household member listed above currently receive tenant- or project-based rent assistance? YES NO
5. Does the individual have a lease in his/her name? YES NO
6. If approved for rent assistance, will the referred individual continue to live in the same rental unit or house? YES NO

If the individual currently leases his/her own home or has tenant or project-based rent assistance, attach a detailed explanation of why housing assistance is needed. Please complete and attach the Financial Need Verification Form and a copy of the current lease.

I. WORK/VOCATIONAL TRAINING

Employers can provide verification of income for rental applications and can also serve as positive rental references. The individual may wish to ask if he/she can list the employer as a reference on rental applications or if the employer would write a reference letter. Participation in supported employment and vocational training may impact eligibility and/or amount of assistance received in certain rental assistance and affordable housing programs.

Currently Employed? (Yes/No)		Hours Per Week	
Name of Employer		Type of Work (full time, part time, temporary, seasonal)	
Street Address		City	
State		Zip Code	
Supervisor Name		Phone Number	
OK to contact for rent reference? (Yes/No)		Email	
Currently in Supported Employment, Vocational Training or Vocational Rehabilitation (e.g., DARS)? (Yes/No)		Hours Per Week	
Name of Program		Program Contact Person	
Program Phone Number		Email	

J. SERVICES AND SUPPORTS

Does the referred individual have an open case for active support coordination services? YES NO

If the individual is NOT open to active support coordination services (e.g., TCM or waiver), please explain below who will assess the person's housing and support needs, coordinate the development of a plan to meet housing and support needs, provide linkages to housing resources and supports, and monitor housing and supports during and after the transition to his/her own home; assuming that the individual meets all program eligibility requirements.

Please complete the following information based upon the results of the referred individual's Virginia Individuals with Disabilities Eligibility Survey (VIDES). Describe assistance needed in each qualification category and list the services and/or natural supports that will help the individual comply with the lease and maintain health and safety in rental housing.

Category	Qualifying Option	Describe the assistance the individual needs to maintain health and safety and comply with a lease in rental housing. Identify WHO will provide WHAT services/supports to meet each need (e.g., in-home support provider, CD personal assistance provider, family member, live-in aide, etc.).	Have the Identified Services/Supports Been Secured (e.g, has a provider or natural support agreed to provide services/supports)?*
<i>Example:</i> Task Learning Skills	<input checked="" type="radio"/> Met <input type="radio"/> Not Met	<i>Joe needs reminders and prompts to complete steps to prepare simple meals, wash dishes, do laundry, and perform housecleaning tasks. He needs help getting up and ready for work on time. He needs help with math calculations. ACME will provide in-home supports to assist with meals, dishes, laundry & housecleaning. Joe's live-in aide will help him get up and ready for work. Joe's parents will help him pay bills.</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No
Health Status	Met Not Met		Yes No
Communication	Met Not Met		Yes No
Task Learning Skills	Met Not Met		Yes No
Personal/Self Care	Met Not Met		Yes No
Motor Skills	Met Not Met		Yes No
Behavior	Met Not Met		Yes No
Community Living Skills	Met Not Met		Yes No
Self-Direction	Met Not Met		Yes No

**If the answer is "no," we suggest you submit an RST referral prior to making this referral. Contact the Community Resource Consultant in your region for information about how to submit an RST referral.*

Note: If the individual has a Community Housing Guide, the Support Coordinator can ask the Community Housing Guide to complete Sections K – M (pages 5-9) with the individual. The Support Coordinator and individual must sign Sections N and O.

K. SPECIAL POPULATION CONSIDERATIONS

Is the referred individual in a population that may be eligible for specific housing resources? (check all that apply)

- ☐ HIV/AIDS
- ☐ Homeless (e.g., sleeping at night in a shelter, on the street or another place not fit for human habitation)
- ☐ Chronically homeless (e.g., has a disability and has experienced homelessness for a year or longer, or experienced at least four episodes of homelessness in the last three years [these episodes must total 12 months])
- ☐ Veteran

L. READINESS

This section examines whether a referred individual may face barriers to applying for rent assistance and/or rental housing and affording independent living, such as (1) missing required documentation to submit an application, (2) outstanding debts, (3) criminal charges or convictions that would disqualify him/her, (4) a rental history that would disqualify him/her, and (5) insufficient resources to cover initial housing costs and routine living expenses.

1. If approved for a housing resource, will the referred individual and any roommates or live-in aide (if applicable) be ready to move into rental housing in 90 days? YES NO

If more than 90 days is required, please attach a detailed explanation as to why a referral is being made at this time.

2. Does the referred individual have the following items (*indicate Yes or No*)? Note that DBHDS does not require submission of these items for this referral. However, individuals must have these items to apply for rent assistance and rental housing.

	Social Security card
	Government issued photo ID (e.g., passport, state issued ID, military ID)
	Birth certificate or proof of citizenship/permanent legal residency in the U.S.
	Proof of income letter from Social Security
	Current bank statement(s)
	Other income and asset documentation

3. Has the referred individual ever had trouble with (*indicate Yes or No*):

	paying rent on time?
	keeping up with utility bills?
	visitors/guest problems?
	landlord/neighbor relationships?
	clutter/home maintenance?
	being evicted?

4. If the referred individual has an eviction history, please list the dates and reasons (e.g., nonpayment of rent, damage to unit, unauthorized occupants, etc.). If there is no eviction history, write "n/a."

Date	Reason

5. Does the referred individual currently owe money to (*indicate Yes or No*):

	a previous landlord (e.g., for unpaid rent, fees or damages)?
	a public housing agency (e.g., for rent or other amounts)?
	a utility company (e.g., for unpaid utility bills or fees)?

6. Has the referred individual (*indicate Yes or No*):

	been convicted of manufacturing or producing methamphetamine on the premises of an assisted housing project?
	been subject to a lifetime registration requirement under a state sex offender registration program?
	engaged in the use of illegal drugs (within the last 12 months)?
	had any other criminal charges or convictions?

7. Please obtain a credit report with the referred individual from www.annualcreditreport.com. Indicate whether the credit report shows any outstanding debts or collections in the following areas. If none, write "N/A."

Type	Name of Company Owed	Amount Due	In Collections? (Yes/No)
Landlord			
Utilities			
Telephone			
Child Support			
Car			
Credit Card			
Medical			
Other:			

8. Has the referred individual filed for bankruptcy? YES NO If yes, date: _____

9. Check all up-front costs the referred individual needs assistance to cover to transition into housing:

	rental housing application fee
	holding fee
	security deposit
	first month's rent up front
	utility deposit
	moving expenses (vehicle, movers, boxes, etc.)
	furniture
	household supplies

10. Does the referred individual need an accessible unit for physical disability needs? YES NO

11. Does the referred individual need an accessible unit for sensory disability needs (e.g., hearing or vision)? YES NO

(please continue on the next page)

12. Estimated budget when living in rental housing

This budget projects the referred individual's income and expenses in rental housing. Under Income, remember to account for changes in monthly benefits that may occur when individuals move from their families' homes to their own homes. Under Flexible Expenses, be realistic about wants and needs. Apportion expenses to be shared among housemates, and include only the individual's share in this budget. For expenses which will be fully paid by another source (e.g., a Special Needs Trust, ABLE Account, family, etc.), provide the name of the source in the "Alternative Source" column and do not list an amount in the "Cost" column.

Net Monthly Income (e.g., after taxes, garnishments, health care premiums, etc.)		Monthly Flexible Expenses	Cost	Alternative Source
Earned Income	\$	Savings	\$	
SSI	\$	Groceries	\$	
SSDI	\$	Eating Out	\$	
SSA	\$	Entertainment/Hobbies	\$	
Pension	\$	Laundry	\$	
Other	\$	Cleaning/Household Supplies	\$	
SUBTOTAL INCOME [A]	\$	Clothes/Personal Care Supplies	\$	
		Transportation	\$	
Monthly Fixed Expenses	Cost	Alternative Source	Newspaper/Magazines	\$
Rent*	\$		Alcohol/Cigarettes	\$
<i>* If the individual plans to apply for a rent subsidy, estimate the subsidized amount he/she will pay toward rent & utilities (e.g., approx. 30-40% of GROSS monthly income toward rent & utilities, NOT including phone, internet, cable). If the individual will not receive rent assistance, estimate the full cost of rent & utilities for the unit size needed.</i>			Tuition/Books	\$
			Barber/Beautician	\$
			Auto Maintenance	\$
			Doctor/Dentist	\$
			Pets	\$
Electric	\$		Parking	\$
Gas/Oil	\$		Repairs	\$
Water/Sewer	\$		Other 1	\$
Home Phone	\$		Other 2	\$
Cell Phone	\$		Other 3	\$
Internet Service	\$		SUBTOTAL FLEXIBLE [D]	\$
Trash Pickup	\$			
Cable	\$		SUBTOTAL FIXED [B]	\$
Medical Insurance	\$		SUBTOTAL DEBT [C]	\$
Auto Insurance	\$		SUBTOTAL FLEXIBLE [D]	\$
Life Insurance	\$		TOTAL EXPENSES [E]	\$
Renters Insurance	\$			
Alimony	\$		Subtract Expenses from Income (A-E)	
Child Support	\$		TOTAL INCOME (A)	
Child Care	\$		TOTAL EXPENSES (E)	\$
Other	\$		DIFFERENCE + OR -	\$
SUBTOTAL FIXED [B]	\$		NOTES:	
Monthly Debt Payments	Cost	Alternative Source		
Installment Loans	\$			
Automobile Loan	\$			
Credit Card Payments	\$			
SUBTOTAL DEBT [C]	\$			

M. HOUSING HISTORY

1. Current Living Situation

Describe the referred individual's current living situation in terms of the type of residence, rent, subsidy and leasing arrangements.

Type of Residence (e.g., training center; ICF/DD; group home; family home; commercial rental property; public housing; or unit owned by service provider, private owner, relative, etc.)		
Property Name		Owner/Landlord Name
		Owner/Landlord Phone
Does the individual have a lease in his/her name? (Yes/No)		If YES, what date does the lease end?
If there is no lease, has individual been given a date he/she must leave this housing? (Yes/No)		If YES, what date must individual leave this housing?
		Why must individual leave this housing?
Is the individual charged rent for this living situation? (Yes/No)		If YES, how much is the rent? (e.g., \$X/month)
		Who charges the individual rent? (e.g., landlord, family, service provider)
Is the housing subsidized? (Yes/No)		If subsidized, is subsidy tenant- or project-based?
Does a representative payee manage the individual's rent? (Yes/No)		OK to serve as rent reference? (Yes/No)

2. Residential Experiences

For each setting in which the referred individual has previously lived, list the dates of residence. Describe what worked/didn't work about each setting. This information will help identify housing features and supports the individual may need in rental housing. It may also suggest housing features to avoid.

Type of Residential Setting	Dates of Residence	What about this Setting Worked for the Individual? What Didn't Work?
State Training Center		
Skilled Nursing Facility		
State Psychiatric Hospital		
Residential Substance Abuse Treatment Program		
Private Intermediate Care Facility (ICF/DD)		
Assisted Living Facility		
Group Home for adults with DD		
Group Home for adults with Mental Illness		
Family Home (e.g., with parent, guardian, sibling)		
Emergency Shelter for Homeless		
Transitional Housing for Homeless		
Permanent Supportive Housing for Homeless		
Jail, prison or juvenile detention facility		
Residential school		
Hotel or motel		
Foster Care Home or Foster Care		
Street/Place Not Meant for Human Habitation		
Other (describe):		

3. Rental History

Provide a summary of the referred individual's experience living in **rental housing**. If the individual has not lived in rental housing, put "N/A" in the first box. List the most recent rental housing arrangement first and work backwards. **Do not include the current living situation or the residential settings in the "Residential Experiences" section above (e.g., family home, group home, etc.).** Note: in "subsidized" housing, the individual's rent payment is based on a percentage of his/her income. A "tenant-based" subsidy is a subsidy that the individual can take to any landlord who will accept it. A "project-based" subsidy is attached to and remains with a specific unit at a property. This information may reveal issues to consider when applying for housing assistance or for apartments, or supports needed to maintain housing. It may also uncover potential sources of positive rental references.

a.			
Property Name		Owner/Landlord Name	
		Owner/Landlord Phone	
Dates of Residence		City/State of Residence	
Type of Residence (check one)	Commercial apartment rental Privately owned housing unit Public housing Housing unit owned/leased by service provider Unit owned by a relative Other	OK to serve as rent reference? (Yes/No)	
Was the individual charged rent? (Yes/No)		How much was the rent? (e.g., \$X/month)	
Did the individual have a lease? (Yes/No/Don't Know)		Reason for Leaving	
Was housing subsidized? (Yes/No)		If subsidized, was subsidy tenant- or project-based?	
b.			
Property Name		Owner/Landlord Name	
		Owner/Landlord Phone	
Dates of Residence		City/State of Residence	
Type of Residence (check one)	Commercial apartment rental Privately owned housing unit Public housing Housing unit owned/leased by service provider Unit owned by a relative Other	OK to serve as rent reference? (Yes/No)	
Was the individual charged rent? (Yes/No)		How much was the rent? (e.g., \$X/month)	
Did the individual have a lease? (Yes/No/Don't Know)		Reason for Leaving	
Was housing subsidized? (Yes/No)		If subsidized, was subsidy tenant- or project-based?	

N. ACKNOWLEDGEMENTS AND CERTIFICATIONS:

The referred individual (or guardian/power of attorney as appropriate) must initial each statement.

Initials must be wet-signed or electronically signed.

Referred Individual	Support Coordinator	
		I understand this referral will not be processed if it is not completed in its entirety. This referral begins the process to obtain housing assistance. It is not an invitation to learn more about housing assistance.
		I understand the referral for housing assistance is a two-part process. DBHDS verifies the individual is in the target population and makes a referral to a Partner Agency (PA) based on its priority/preference structure outlined in the HCVP, LIHTC or the SRAP FAQ documents. After DBHDS makes the referral, the Partner Agency begins its intake and screening process to determine if the individual and other household members meet the program eligibility requirements.
		I understand that it is important that the individual and the support coordinator (or a family member) attend all housing appointments and that all requested forms and documentation (original copies of birth certificate and Social Security card, photo ID, income documentation, etc.) are provided to the PA or the local housing program by the required deadlines. I understand that the housing application must be completed within 45 days of the date that DBHDS makes a referral to the PA. If the above referenced time-frame is not met, the individual will be deemed non-responsive and the referral will be closed.
		I have read and understand the eligibility criteria for inclusion in the target population and hereby certify that all information provided on this referral form is true and accurate to the best of my knowledge. I understand that this referral will not be processed until all information and requested documentation is received by DBHDS.

O. CONSENT FOR THE RELEASE AND EXCHANGE OF INFORMATION

If the referred individual is unable to agree and consent, a documented legal representative must complete and provide consent. Failure to provide consent will prohibit processing of the DBHDS Housing Resource Referral.

I, _____, am signing this form for

(FULL PRINTED NAME OF REFERRED INDIVIDUAL)

My relationship to the client is: **Self** **Parent** **Power of Attorney** **Guardian** **Other (describe):**

I permit the Office of Community Housing in the Department of Behavioral Health and Developmental Services (OCH/DBHDS) to request, obtain, release and share with the following entities any and all information regarding my anticipated housing and services needs and housing history for the purpose of determining initial and on-going eligibility for housing waitlist preferences, housing assistance and any housing resource provided to the Settlement Agreement population:

- the CSB or CSB-contracted support coordination entity and staff identified on page one, Section D.
- any Partner Agency that provides a Housing Choice Voucher Set-aside or preference for individuals in the Settlement Agreement Population
- any Partner Agency that is under contract with DBHDS to administer the State Rental Assistance Program or Flexible Funding
- any owner/developer of a Low-income Housing Tax Credit (LIHTC) financed property that has a leasing preference for individuals with developmental disabilities
- any management agent of a LIHTC financed property that has a leasing preference for people with developmental disabilities (DD)

I acknowledge that, upon request, OCH/DBHDS will provide a list of Partner Agencies and LIHTC owners/developers/management agents that provide a leasing preference for the DD target population.

I also permit OCH/DBHDS to use and exchange the information in this housing referral and assessment with the Approved Parties below for the purpose of assisting me with developing my individual service plan and my housing action plan, identifying and applying for housing resources and services for which I may be eligible, and coordinating access to housing resources and services.

Information may be shared (check all that apply): ☐ in writing ☐ in meetings ☐ by phone ☐ by computerized data ☐ by fax

Approved Parties (include emergency contacts, family members, service providers, housing providers):

This authorization is effective on _____ and is good until (check one): _____ or _____ when my case is closed.
(date) (end date)

I can withdraw this authorization at any time by notifying any involved agency listed above. The listed agencies must stop sharing information after they know my authorization has been withdrawn. I have the right to know what information about me has been shared, and why, when and with whom it was shared. If I ask, each agency will show me this information. I want all agencies to accept a copy of this authorization as valid consent to share information. ***If I do not sign below, information will not be shared and I will have to contact each agency individually to give them information about me that they need.*** However, I understand that housing and services cannot be conditioned upon whether I sign this authorization. There is a potential for information disclosed pursuant to this authorization to be re-disclosed by the recipient and not be subject to the HIPAA Privacy Rule. This authorization does NOT allow OCH/DBHDS to release or share information about substance abuse diagnoses or treatment. OCH/DBHDS must obtain a separate authorization from me to release or share this information with a specific party on a case-by-case basis.

Signatures

(Authorizing Person)

Date: _____

(Support Coordinator)

Date: _____

Person Explaining Form: _____
(Name) (Address) (Phone Number)

Other (If Required): _____

☐ Parent ☐ Witness (Signature) (Address) (Phone Number)

FOR AGENCY USE ONLY

CONSENT HAS BEEN:

DATE REQUEST RECEIVED: _____

☐ Revoked in entirety

☐ Partially revoked as follows: _____

NOTIFICATION THAT CONSENT WAS REVOKED WAS BY:

☐ Letter (Attached Copy)

☐ Telephone

☐ In Person

AGENCY REPRESENTATIVE RECEIVING REQUEST:

(Agency Representative's Full Name and Title)

(Agency Address and Telephone Number)