



Housing Counseling Services, Inc.

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202-667-7006 • www.housingetc.org

HOUSING COUNSELING SERVICES MHAP HOPWA PROGRAM SERVICES REFERRAL

Housing Counseling Services (HCS) Metropolitan Housing Access Program (MHAP) can assist eligible HIV+ clients access a variety of housing programs/services supported by HUD's Housing Opportunities for Persons Living with AIDS (HOPWA) funding. These services include housing related financial assistance, transitional/emergency housing, and housing information and referral services. Please complete the referral information below and submit this form to the HCS MHAP Program. Upon receipt, HCS MHAP staff will reach out to the referred client within two (2) business days to schedule an appointment to meet with a HCS staff person towards addressing their presenting housing issue.

TODAY'S DATE: _____

CLIENT NAME: _____

ADDRESS: _____ **APT #:** _____

CITY/STATE/ZIP: _____

TELEPHONE #: _____ **EMAIL ADDRESS:** _____

My signature below authorizes my case manager (case manager's name) _____ to refer me to HCS for housing assistance. I also give permission to my case manager to release information to HCS regarding my protected health status.

Client Signature: _____ **Date:** _____

TYPE OF ASSISTANCE/PROGRAM REFERRAL IS FOR:

- STRMU PROGRAM** (DC and Prince George's County MD Only)
- TRANSITIONAL/EMERGENCY HOUSING** (DC Only)
- HOUSING INDEPENDENCE THROUGH EMPLOYMENT (HITE) PROGRAM** (DC Only)
- SUSTAINABLE HOUSING ASSISTANCE RENTAL PROGRAM (SHARP)** (DC Only)
- OTHER HOUSING ASSISTANCE** (circle all that apply- DC, Prince George's and Charles Counties MD Only):

Landlord/Tenant Issue

Housing Condition

Fair Housing

Mortgage Delinquency/
Foreclosure Counseling

Home Purchase Counseling/
Education

Credit Counseling/
Money Management

Other: _____

Additional relevant info (ex. client has writ, client is in shelter, etc): _____

CASE MANAGER SUBMITTING REFFERAL: _____

CASE MANAGER AGENCY: _____

CASE MANAGER TELEPHONE NUMBER: _____

CASE MANAGER'S EMAIL ADDRESS: _____

Please submit this referral form to HCS' MHAP Program via email at mhap@housingetc.org (Subject: MHAP Referral) or via fax at (202)-667-0862. For additional information regarding the HCS MHAP Program please contact HCS at (202) 667-2681. (rev 10/20)