**Community Action Team, Inc. Internal Referral Form**

Please complete the sections below that apply to your household for a referral to other programs within CAT.

### Client Contact Info.
- **Date:**
- **Applicant Name (First, M.I., Last):**
- **Phone:**
- **Email:**

### Housing
1. Does your household have a 72 hour eviction notice? YES / NO
2. Has your household received Rent/Deposit assistance from our office within the last year? YES / NO
3. Are you currently homeless (car, street, camping, shelter)? YES / NO

### Energy
1. Do you currently have a shut off notice for Electric or Natural Gas? YES / NO
2. Has your household received energy assistance from us this winter? YES / NO
3. Type of heat (Circle One): Electric Natural Gas Oil Propane Wood Pellet Other: _____________
4. Do you have a furnace that is not working in your home? YES / NO

### Veterans
1. Have you or someone in your household served in the military? YES / NO
2. What assistance are you seeking? (Circle one below)
   - VA Health Care
   - Pension
   - Compensation
   - Education
   - Benefits
   - Other: _____________
3. Do you have a copy of your Discharge from service? YES / NO

### Healthy Families
1. Are you or your partner pregnant? YES / NO
2. Would you like some extra support with your pregnancy and/or new baby? YES / NO

### Head Start
1. Do you have a child who is age 3 or 4? YES / NO
2. Are you interested in learning about preschool options? YES / NO

### Seniors
1. Are you or someone in your household 60 years or older? YES / NO
2. Are you or someone in your household homebound? YES / NO
3. Are you or someone in your household diagnosed with dementia? YES / NO

### Mortgage
1. Is your household struggling to pay your mortgage? YES / NO
2. Has your household had an unexpected financial crisis? YES / NO
3. Are you currently in foreclosure? YES / NO

### Weatherization
1. Does your home feel cold or drafty even when you have your heat on? YES / NO
2. Do you know how old your home is? YES / NO If so, approximate year it was built ___________.
3. Do you plan to move in the next year? YES / NO
4. Is there visible mold in your home? YES / NO

Please return to CAT office: 125 N 17th St. St Helens, OR 97051 (503) 397-3511 Revised 10/18