

**ACCESS RECEIPT – REGION**

COORDINATED ACCESS, REFERRAL, ENTRY AND STABILIZATION (CARES) SYSTEM

Updated 01/2021



This receipt is proof that you have completed a Housing Crisis Triage in our region.

ASSESSING AGENCY			
Assessor		Email:	
Agency		Phone:	
Signature		Date:	

RECIPIENT NAME	DATE	RELEASE OF INFORMATION (ROI)		
		ND HMIS ROI signed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		CARES ROI signed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**REFERRAL RECOMMENDATION:** You are being referred to the following community resources. A referral does not guarantee services. Most referrals will require you to provide proof of your need and eligibility including, but not limited to income and housing situation.

	REFERRAL DETAILS	NORTH DAKOTA RESIDENTS
<input type="checkbox"/>	Shelter	<input type="checkbox"/>
<input type="checkbox"/>	Short Term Financial (deposit, first month's rent)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Mainstream	<input type="checkbox"/>
	Other/Ineligible	<input type="checkbox"/>

**THANK YOU AND PLEASE REMEMBER TO UPDATE YOUR CONTACT INFORMATION IF IT CHANGES!**