



414 Baker Avenue  
Evansville, Indiana 47710  
Phone: 812.423.8422  
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## HVRP Referral Form

Date of Referral: \_\_\_\_\_

Staff Person: \_\_\_\_\_

Staff Person Contact #: \_\_\_\_\_

Agency: \_\_\_\_\_

### Client Information:

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client Contact #: \_\_\_\_\_

Client Email Address: \_\_\_\_\_

Household Size: \_\_\_\_\_

Briefly describe the Veteran's current housing situation:

\_\_\_\_\_

\_\_\_\_\_

Where did the client stay last night?

\_\_\_\_\_

Briefly describe Veteran's employment / other income:

\_\_\_\_\_

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**Additional Information:**

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Please submit completed forms via e-mail to: [Will.Kurzendoerfer@echohousing.org](mailto:Will.Kurzendoerfer@echohousing.org)