**Referral Form**

* HUB Coordinator will be notified regarding available vouchers, please do not send additional applicants beyond the amount available.
* Referrals will be tracked in the order they are received.
* Provide one referral form per applicant
* Access the application packet at [Homeless Initiatives](https://www.mainehousing.org/partners/partner-type/homeless-service-providers/homeless-initiatives) Homeless Priority
* Navigators should assist the applicants with completing the packet and help them gather the necessary documentation and signatures
* Upload completed packets to Sharefile

|  |  |
| --- | --- |
| Applicant Name |  |
| Mailing address |  |
| Phone Number |  |
| Email |  |
| HUB # |  |
| Referral Agency |  |
| Navigator Name |  |
| Navigator Phone |  |
| Navigator Email |  |