SHARINGLYFE LIVING AND TRANSITIONAL PROGRAM

Transitional Housing Referral Form

Temporary furnished housing for adult men returning from incarceration or completing substance-use treatment. Very affordable weekly payments.

Email your completed form to sharinglyfehousing@gmail.com

Referring agency

Referrer name

Agency or organization

Work email

Work phone

Housing request

Preferred name or initials

Requested move-in date or timeframe

Preferred housing area, if any

Housing payment source, if known

Has the person agreed to be contacted by Sharinglyfe? Enter Yes, No, or Pending.

If yes, safe contact method and phone or email, or ask us to contact you first

Housing or transportation needs relevant to placement, if any

Please leave Social Security numbers, medical records, court documents, and full dates of birth out of this form. We will arrange a private follow-up for any documents or case details.

A referral is a request for follow-up. Placement depends on availability and intake review.