



# OPERATION DIGNITY

## Transitional Housing Referral Template

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Gender: Male \_\_\_\_\_

Female \_\_\_\_\_

Non-binary/Gender Fluid \_\_\_\_\_

Decline to state \_\_\_\_\_

Applying for an Individual or Family Unit: \_\_\_\_\_

Screening question #1: Have you ever been an Operation Dignity program participant? (Y/N)

Applicant DOB: \_\_\_\_\_

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

\*Sections below to be completed by Operation Dignity Inc. staff\*

Housing Site Recommendation:	GPD Model Assignment:
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Additional Notes:
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