



**Bergen County Homeless Family Services:**

Housing, Emergency Shelter, Advocacy Resources, and  
Tools for Self-Sufficiency

**40 PASSAIC STREET, HACKENSACK NJ 07601**

**Main Line: (201)-488-2525**



---

**HEARTS Referral Form for Homeless Families**

Email to: [hearts@bcbss.com](mailto:hearts@bcbss.com) or fax to: 201-368-4789

Date:

---

**Basic Information**

Referring Agency	
Worker Name	
Worker's Supervisor	
E-mail Address	
Address	
Phone Number	

Name	
Current Location	
Phone Number	
Monthly H/H Expense*	

\* Monthly H/H Expense includes: child care, phone, internet, transportation, storage, etc.

## Household Information

Head of Household Name	
Date of Birth	
SSN	
Gender	
Citizenship Status	

Relationship to HOH / Name	
Date of Birth	
SSN	
Gender	
Citizenship Status	

Relationship to HOH / Name	
Date of Birth	
SSN	
Gender	
Citizenship Status	

Relationship to HOH / Name	
Name	
DOB	
SSN	
Gender	
Citizenship Status	

**Household Income and Resources**

Head of Household Name	
Source of Monthly Income	
Monthly Income	
Resources	
Debt	

Relative #1 Name	
Source of Monthly Income	
Monthly Income	
Resources	

Debt	
------	--

Relative #2 Name	
Source of Monthly Income	
Monthly Income	
Resources	
Debt	

**Documents and Homeless Certification**

- |   |   |
|---|---|
| <input type="checkbox"/> Photo ID             | <input type="checkbox"/> Verification of Disability         |
| <input type="checkbox"/> Birth Certificate    | <input type="checkbox"/> Social Security Card               |
| <input type="checkbox"/> Resources Documented | <input type="checkbox"/> Alien Registration/ Naturalization |

**Housing History - Last 3 Years**

	Date(s) Occupied	Length of Stay	Reason for Leaving
Current Address: _____			
Former Address #1: _____			
Former Address #2: _____			

## Eviction History

Date of Eviction	
Address of Eviction	
Reason for Eviction	

**Has the family ever participated in any subsidized housing program (HUD, TRA, DCA, ESG, Shelter & Care Rapid Rehousing, etc.)?**

(Circle/Select)

YES

NO

**If Yes:**

Program Name(s)	Dates	Reason for Termination

Length of Time Currently Homeless (Starting Date to Date of Application)	
---	--

## Prior Instances of Homelessness

Date(s) of Prior Homelessness	Number of Weeks Homeless

Briefly describe the reason(s) for the family's current homelessness below:

## Identified Issues

**Please check off the identified needs of this family below:**

- |   |  |
|---|--|
| <input type="checkbox"/> Housing                    | <input type="checkbox"/> Current Legal Problems        |
| <input type="checkbox"/> Employment / Training      | <input type="checkbox"/> Prior Legal Involvement       |
| <input type="checkbox"/> Transportation             | <input type="checkbox"/> Veterans Needs                |
| <input type="checkbox"/> Childcare                  | <input type="checkbox"/> DCP&P Involvement             |
| <input type="checkbox"/> Healthcare                 | <input type="checkbox"/> Limited English               |
| <input type="checkbox"/> Behavioral Healthcare      | <input type="checkbox"/> Assistance Obtaining Benefits |
| <input type="checkbox"/> Substance Misuse Treatment | <input type="checkbox"/> Family Violence               |
| <input type="checkbox"/> Pregnancy / Newborn        |  |

**1. Is any family member required to register under Megan’s Law?  
(YES / NO)**

**a. If YES, name the family member(s) below.**

---

**2. Is any family member currently on parole or probation?  
(YES / NO)**

**a. If YES, fill in the name and contact information of the parole/probation officer below.**

---

---

---

**3. Has the family been discharged from another shelter program in the last year? (YES / NO)**

**a. If YES, list the name of the shelter(s) and the date(s) of the discharge(s) below.**

---

---

---

**4. Has the family lost eligibility for any housing assistance programs in the last three years?  
(YES / NO)**

**a. If YES, list the program in question and the reason for losing eligibility below.**

---

---

---

**5. Does any family member receive assistance through BCBSS?  
(YES/ NO)**

**a. If YES, please list the case number(s) and assistance program(s) below.**

---

---