Homeless Prevention and Rapid Rehousing Program
WALK IN FORM

A Counselor is not available to see you at this time. Please provide the following information and we will respond as promptly as possible by telephone. Thank You.

Date: _____

PLEASE COMPLETE THE FOLLOWING:

Name: _____
First Last

Name of other adult: _____

Current Address: _____
Number Street Apt. City State Zip

Day Phone Numbers (or phone number where we can leave a message if needed)

Monday through Friday **Home** (___) _____ **Work/Cell** (___) _____
Area code Number Area code Number

Do you receive any of the following services?

MediCAL ___ Food Stamps ___ TANF/CalWorks ___ ILSP ___

IHSS ___ CAPI ___ SSI MediCAL ___

A. **If Moving**, what is the reason for the move? _____

_____

Do you have a Section 8 Voucher? Yes___ No___

How much can you contribute towards the move? $_____

NOTE: The address you are moving to/from must be in Contra Costa County.

B. **If you need Back Rent**, what is the reason you are behind? _____

_____

How much can you contribute to back rent? $_____

How much is your household income? $_____

PLEASE TAKE NOTE: THIS FORM IS NOT AN APPLICATION