LAS VEGAS TGA
PART A HIV/AIDS PROGRAM
CLARK | MOHAVE | NYE COUNTIES

RWPA – EFA
Interagency Referral Form

Referring Agency Information

Date Of Referral:

Referring Agency:		
Referring Staff:		
Staff Information	Phone:	Email:
Supervisor Information	Phone:	Email:

Client Information

Client URN:		
RWPA Eligibility	Start Date:	End Date:
Contact Information	Phone:	Email:
Special Instructions:		

Assistance Request

Amount Requested: $

Reason for Referral

☐ Unexpected event that hinders ability to meet housing, utility, food, or medication need, and/or

☐ Unexpected loss of income; and/or

☐ Experiencing a crisis that hinders ability to meet housing, utility, food or medication need.

Explain:

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ASSITANCE NEEDS

UTILITIES

Type of Assistance	Necessary Documentation (all must be present)
☐ Power ☐ Gas ☐ Water/Sewer ☐ Trash	☐ Proof of Inability Pay ☐ Receipt/Bill in client's name ☐ 2 Prior Resources Denials

HOUSING

Type of Assistance	Necessary Documentation (all must be present)
☐ Rental ☐ Mortgage	☐ Proof of inability to Pay ☐ Proof that client is named tenant or mortgage owner. ☐ 2 Prior Resources Denials

FOOD ASSISTANCE

Has the client applied for the RW Food Bank/Home Delivered Meals Program? Yes ☐ No ☐ If no, why not?	☐ Proof of Need

MEDICATION ASSISTANCE

Has the client applied for the following?	Yes	No	
NMAP	☐	☐	☐ Proof of Need ☐ Physician Prescription
HIP CS	☐	☐	
Has the client requested assistance through their Outpatient/Ambulatory Provider?	☐	☐	
If no, why not?			