

Housing Assistance Referral

Name: _____ DOB: _____ Clean Date: _____

Phone Number: _____ E-mail: _____

Mailing Address: _____

Monthly Income: _____ Source (Circle Any): None SSI SSDI TANF Employment Other

Outpatient Treatment Provider: _____ Counselor: _____

Phone Number: _____ E-mail: _____

To qualify for Housing Assistance you must meet all of the following criteria:

Check all the apply:

- Hold current Clackamas County residency in sober living housing or relocating to Clackamas County due to ODHS involvement, probation/parole or outpatient treatment
- Completed residential treatment program **and** are currently involved in an outpatient drug and alcohol program
- Have 30 days of documented negative UA results
- Be at or below 50% median family income for family size according to 2022 HUD data

Clackamas County, OR HUD 50% income limits for 2022								
# in household	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Income limit	\$37,300	\$42,600	\$47,950	\$53,250	\$57,550	\$61,800	\$66,050	\$70,300

Referent Name: _____ Agency: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Please mail or fax to: Parrott Creek Child & Family Services *Please include a Parrott Creek ROI with referral*
 Attention: Housing Case Manager

1001 Molalla Avenue Phone Number: 503-722-4110 ext. 106
 Suite 209 Fax Number: 503-655-8908
 Oregon City OR 97045

For Admin Use Only

Date received: _____ Date reviewed: _____ Accepted/Denied _____

Reason (if denied): _____

Date Returned: _____ Signature: _____