



Community Living Fund Referral Form

Referent Name _____

Agency Name _____ Date of Referral _____

If Laguna Honda referral, was client referred to IHO waiver? yes no Date of IHO referral _____

Phone # _____ Best Time to Call _____

e-mail _____ Ok to communicate via e-mail? yes no

Eligibility for Services under the CLF Program

In order to obtain services, an individual must meet, at a minimum, the following criteria:

- 18 years and older
- Institutionalized or deemed at assessment to be at imminent risk of being institutionalized
- A resident of San Francisco (or out-placed due to lack of services/housing)
- Individuals willing and able to be living in the community with appropriate supports
- Income up to 300% of Federal poverty level: \$32,670 plus savings/assets of \$6,000
(Exclude assets allowed under Medi-Cal)
- Have a demonstrated need for a service and/or resource that will serve to prevent institutionalization.

Name of CLIENT _____

Address (include zip) _____

Phone # _____

Date of Birth _____ Age _____ Ethnicity _____ Gender _____

Spoken Language _____

When Is Service Needed? _____ Is Service Urgent? Yes _____ No _____

Please Describe Client's Situation and the Service(s) Needed (**PLEASE PRINT CLEARLY AND FAX ADDITIONAL INFO**)

A detailed Intake will be completed after this fax is received. Final eligibility determination will be made by the CLF case manager. Completing a referral with DAAS intake at 355-6700 is the first step in determining eligibility.

FAX THIS FORM TO (415) 355-6750

For Information or Phone Referral Call (415) 355-6700 e-mail jason.adamek@sfgov.org