

## Section 811 PRA Tenant Referral Coversheet

Date of referral:

Enclosed you will find completed documents for the applicant we are referring for the unit indicated.  
Should you have any questions or need any additional information, please contact:

Service provider:

Contact Name:

Phone:

Email:

Service provider requested to complete application by

DDD ☐

DMHAS ☐

DOAS ☐

DHS Representative

*Signature*

*Date*

**Target Population:** NJHMFA, in partnership with the New Jersey Department of Human Services (DHS) will select individuals leaving developmental centers and state psychiatric hospitals, as well as those who are at risk of institutionalization and individuals leaving nursing homes, as the targeted populations.

☐ Leaving developmental center/institution

☐ At risk of institutionalization

☐ Leaving nursing home

Applicant Name:

Contact Number:

Contact Address:

Other Information:

Referred to Property Name:

Property Address:

Contact Name:

Site Approval

Comments: