



Homeless Prevention Council
REFERRAL FORM

Name: _____ Phone(s): _____

Email: _____ Date of referral: _____ Language(s) spoken: _____

Referring worker/agency: _____ Agency phone: _____

Number of adults: _____ Number of children: _____ Town of residence: _____

Reason for referral:

Referrals can be faxed, emailed, or returned to:

Homeless Prevention Council
ATTN: Referrals
PO Box 828, Orleans, MA 02653
Fax: (508) 255-4928
Phone: (508) 255-4376
Email: referrals@hpccapecod.org

Homeless Prevention Council is a 501(c)3 nonprofit agency. Federal Tax ID number 04-3104858.