



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 that 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 2024 HUD data

Clackamas County, OR HUD 50% income limits for 2024								
# in household	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Income limit	\$39,500	\$45,150	\$50,800	\$56,400	\$60,950	\$65,450	\$69,950	\$74,450

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
Suite 209
Oregon City OR 97045

Phone Number: 503-722-4110 ext. 106
Fax Number: 503-713-5990

For Admin Use Only

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

Reason (if denied): _____

Date Returned: _____ Signature: _____