

### 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
- Are you aware of this person's alignment with any of the OHA Service Priorities? If so please identify which ones\_\_\_\_\_

Clackamas County, OR HUD 50% income limits for 2026								
# in household	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Income limit	43,450	49,650	55,850	<b>62,050</b>	67,050	72,000	76,950	81,950

Referent Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please mail or fax to:

Parrott Creek Child & Family Services  
Attention: Housing Case Manager

*Please include a  
Parrott Creek ROI with referral*

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: \_\_\_\_\_