Christmon Housing Solutions LLC
502 W 7th Street, STE 100, Erie, PA 16502 · 877-572-4747 · mchristmo@christmonhousingsolutions.com

FOR CASE MANAGERS & REFERRING AGENCIES

Refer a client

Takes about five minutes. We review every referral and respond either way, including when the answer is no.

Client information

Full name *

Date of birth

Age

Current shelter or program *

Length of stay in shelter
An approximation is fine.

State *

Income

Source of income *

Employment, disability, Social Security, pension, and other benefits all count.

Monthly amount

Proof of income attached?

Yes | No | Can provide on request

Your details

Your name *

Agency or organization *

Your phone *

Your email *

Referral reason

Why is this client being referred to Christmon? *

Anything we should know that the form doesn't ask?

Context, timing, or anything a checkbox cannot capture. We would rather hear it now.