



Lawrence Community Shelter

3655 e 25th St.

Lawrence, KS 66046

Ph: 785.832.8864

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LawrenceShelter.org

Monarch Village: Agency Referral Form

Purpose: The Lawrence Community Shelter works to provide a safe and effective range of care to those experiencing homelessness. Our vision is to reduce chronic homelessness in Lawrence and Douglas County through effective implementation of philosophical frameworks, best practices, and evidence-based models. LCS recognizes the self-determination and inherent worth of all people, and we ensure those who access the homeless service system are treated with equity, dignity and respect, and as the expert on themselves and their lives.

Monarch Village Family Shelter Program provides temporary emergency shelter, care coordination, and housing stabilization services for up to 12 families at any given time. Under a low-barrier shelter setting, guests are provided services with a goal of an exit to a stable and/or permanent housing situation within a 90-day length of stay or less.

Care coordination and housing stabilization services are provided to aid families in linking to supportive services within the community that include, but are not limited to, medical and mental health services, addiction recovery services, legal services, permanent supportive housing, mainstream benefits, and employment services.

LCS expects regular communication and involvement with the family from the referring agency. Families are immediately assigned an Inreach Manager who coordinates care by connecting them to any and all services and documentation they may need to progress toward housing. Once families are housing ready, the Inreach Manager then refers families to a Housing Navigator who assists them in applying for and securing permanent housing. Once housed, each family benefits from working and meeting with their assigned Housing Stabilization Case Manager to support them in remaining successfully housed.

Director of Shelter Programs: Melissa Botts

Monarch Village Inreach Manager: Cari Halliburton

Monarch Village Stabilization and Intake AmeriCorp member: Chise Kerns

Housing Stabilization Case Manager: Sheryl Sanders

Please send the following items to Cari Halliburton via email at carih@lawrenceshelter.org to begin the referral process. For questions call 785-865-1007.

A. REFERRING AGENCY INFORMATION

Name of referring agency:

Name and direct phone number of referring staff person:

Email address of referring staff person:

B. CLIENT INFORMATION

Guardian(s) Full name:

Child's/Childrens' full name(s) and birth date(s):

Has the client or any member of the family had Covid-19 symptoms in the past 14 days?

Does the client have SNAP benefits?

Why are you referring this client to the Monarch Village Program?

C. REQUIRED DOCUMENTATION

Copy of Driver's License Included:

Guardian (1): Y / N
Client refused / doesn't have

Guardian (2): Y / N
Client refused / doesn't have

Copy of Social Security Card Included:

Guardian (1) : Y / N
Client refused / doesn't have

Guardian (2) : Y / N
Client refused / doesn't have

Copy of Birth Certificate Included:

Guardian (1) : Y / N
Client refused / doesn't have

Guardian (2) : Y / N
Client refused / doesn't have

Copy of Insurance Card Included:

Guardian (1) : Y / N
Client refused / doesn't have

Guardian (2) : Y / N
Client refused / doesn't have

HMIS Profile (In Clarity):

Guardian (1) : Y / N

Guardian (2) : Y / N

ESG Homeless Certification:

Guardian (1) : Y / N

Guardian (2) : Y / N

VI-SPDAT Completed:

Guardian (1): Y / N

Guardian (2): Y / N



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KANSAS HOUSING
RESOURCES CORPORATION

**EMERGENCY SOLUTIONS GRANT
HOMELESS CERTIFICATION**

ESG Applicant Name: _____

- Individual without dependent children (complete one form for each household)
- Household with dependent children (complete one form for each adult household member) Number of persons in the household: _____

This is to certify that the above-named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation. Check only ONE BOX and ONLY complete that section.

***IMPORTANT: THIRD PARTY EVIDENCE MUST BE ATTACHED TO THIS FORM TO CERTIFY HOMELESSNESS.**

Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)

The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or campground.

Description of current living situation:

Homeless Street Outreach Program Name:

This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. (Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.)

Authorized Referral Agency Representative Signature: _____ Date: _____

Living Situation: Emergency Shelter

DV Shelter? (check if "yes")

The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name: **Lawrence Community Shelter 90 Day CM Plan**
3655 E 25th St.
Lawrence, KS 66046

This emergency shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).

Authorized Shelter Agency Representative Signature: _____ Date: _____