



Community Living Fund Referral Form

Person Making Referral _____
Agency _____
Phone # _____ Best Time to Call _____

Eligibility for Services Under the CLF Program

In order to obtain services, an individual must meet, at a minimum, the following criteria:

- 18 years and older
- Institutionalized or deemed at assessment to be at imminent risk of being institutionalized
- A resident of San Francisco (or out-placed due to lack of services/housing)
- Individuals willing and able to be living in the community with appropriate supports
- Income up to 300% of Federal poverty level: \$30,630 plus savings/assets of \$6,000
(Exclude assets allowed under Medi-Cal)
- Have a demonstrated need for a service and/or resource that will serve to prevent institutionalization or will enable community living.

Name of CLIENT _____
Address _____
Phone # _____
Date of Birth _____ Age _____ Gender _____
Spoken Language _____

When Is Service Needed? _____ Is Service Urgent? Yes _____ No _____

Please Describe Client's Situation and the Service(s) Needed: _____

A detailed Intake will be completed prior to service
FAX THIS FORM TO (415) 355-6785

For Information or Phone Referral Call (415) 557-5230 e-mail jason.adamek@sfgov.org