

SIXTH STREET SHELTER
219 N. 6th Street, Allentown, PA 18102
AGENCY REFERRAL

Please fax this referral to the Sixth Street Shelter at: 610-433-3282. Call us with questions at 610-435-1490.

Please refer to the shelter only families that are currently homeless. For shelter purposes, a homeless family is one that has been displaced by government action or natural disaster, has received an eviction notice and does not have the income to pay the rent, is fleeing from domestic violence, is living in another shelter, a motel, or on the street. Families who are doubled up with other family members or friends may be considered homeless, depending on the circumstances. We will interview all families who are doubled up before accepting them for shelter.

Referring agency: _____ Phone #: _____

Referring staff person: _____ Date: _____

Name of Adult 1: _____ DOB: _____ SS#: _____

Name of Adult 2 (if applicable): _____ DOB: _____ SS#: _____

Current address: _____ Phone: _____

If second adult is living at a different address, list here: _____

Children who would be with adults in shelter:

First and Last Name, M/F	DOB	Soc. Sec. #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

First Adult Income:

Second Adult Income (if applicable):

Employment: _____

Employment: _____

Public Assistance: _____

Public Assistance: _____

