

## Letter of Reference

(Completed by supporting adult *other than* referring Case Manager)

From: \_\_\_\_\_ Contact Info: \_\_\_\_\_  
(Name of referring person)

\_\_\_\_\_ has applied to MoveFwd's Scattered Site Transitional  
(Applicant's Name)

Transitional Living Program (TLP).

TLP is a state funded program working with homeless youth in transition ages 18+. The purpose of TLP is to give youth an opportunity to live independently as they transition into adulthood. Youth gain a rental history while working with a case manager on necessary skills and goals that will help them be self-sufficient in the future.

### Eligibility Requirements:

1. Documented homeless according to HUD or at imminent risk of becoming homeless
2. Must have verifiable legal income.
3. Complete Independent Living Skills program with a Case Manager
4. Must be referred by a case manager.

Please provide us with the following information so that we may process the application.

How long and in what capacity have you known the applicant? \_\_\_\_\_

Please discuss the circumstances that have led this participant to become homeless and/or precariously housed.

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Please assess his/her ability to live independently (including maturity, dependability, & follow through)

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Do you have any concerns, comments, or suggestions regarding services for this youth?

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Upon completion of this form, please save and submit to : [rachelyoung@movefwdmn.org](mailto:rachelyoung@movefwdmn.org)