

Homeless Incentive Program (HIP) Data Form

Please complete all required information to expedite processing of your request. **This form MUST be faxed not emailed: 804-371-0248**

Date: _____

District: _____

Health District Address (Mailing address for checks)

Client Name: _____

Assistance Requested

Food _____

Name of employee assigned to receive check

Rent _____

Name of Landlord or Mortgage holder's

Special Assistance _____

Employee assigned to receive special assistance check

Signature of person completing form _____

Phone Number _____

Fax to HIP Program Coordinator 804-371-0248