



*California Impact Coalition Transitional Housing Program*

*Social Worker Recommendation Form*

*Applicant Information*

*Full Name:*

\_\_\_\_\_

*Social Security Number:* \_\_\_\_ - \_\_\_\_ - \_\_\_\_

*Phone Number:* (    ) \_\_\_\_\_ - \_\_\_\_\_

*Email Address:* \_\_\_\_\_

*To the Applicant:*

*Complete the above information and provide this form to your social worker. Your social worker must complete this form to evaluate your potential to succeed in the Transitional Housing Program. This form must be submitted along with the Transitional Independent Living Plan (TILP) for consideration.*

*To the Social Worker:*

*The individual named above has applied for the California Impact Coalition's Transitional Housing Program. The placement committee requests that you provide detailed responses to the questions below, highlighting the applicant's maturity, initiative, and readiness for transitional housing. Your insights are valuable in assessing their suitability for the program.*

*Social Worker Information*

*California Impact Coalition*

[www.caimpactcoalition.org](http://www.caimpactcoalition.org)

*Phone:* (925) 300-6039

*Email:* [info@caimpactcoalition.org](mailto:info@caimpactcoalition.org)

Full Name:

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Address:

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Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Please complete the following questions with detailed responses.

1. How long have you known this applicant?

\_\_\_\_\_ Years \_\_\_\_\_ Months

2. What qualities best describe this applicant?

3. Are you aware of any circumstances or challenges that might affect the applicant's ability to participate in transitional housing?

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4. *What services or assistance would you recommend to help the applicant succeed in the California Impact Coalition Transitional Housing Program?*

5. *What is your assessment of the applicant's potential, motivation, and capability to undertake the responsibilities of living in a transitional housing program with another participant?*

## ***Rating the Applicant's Characteristics and Motivation***

*Please rate the applicant's attributes based on your observations:*

<b>Characteristic</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Disagree</b>
Has a positive self-image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates leadership capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is highly motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has potential for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is tolerant of minor disappointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Submission Requirements**

To be considered for the California Impact Coalition Transitional Housing Program, the following materials must be submitted:

- 1. Recommendation Form (this document).
- 2. Symptom Checklist (provided on the next page).
- 3. A copy of the most recent court report and Juris/Dispo report.
- 4. A copy of the applicant’s Transitional Independent Living Plan (TILP).

Submit completed materials to:

Email: [info@caimpactcoalition.org](mailto:info@caimpactcoalition.org)

California Impact Coalition Foundation  
 3021 Citrus Circle, STE 110  
 Walnut Creek, CA 94598

**Certification**

I confirm that the information provided in this form is accurate to the best of my knowledge.

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Social Worker Signature

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Date