



DURHAM CENTER FOR SENIOR LIFE

406 Rigsbee Ave. Suite 202 Durham, NC 27701

Phone: (919) 688-8247

Email: info@dcslncc.org

DCSL Choosing Home Program Referral Form

Purpose: This form is to be completed to formally refer individuals who may benefit from assistance through the Durham Center for Senior Life (DCSL) Choosing Home Program.

This Program provides one-time financial assistance to eligible Durham County residents age 60 and older to address urgent housing-related needs and essential home improvements that support safe, stable, home-based living. This referral indicates that the individual below is potentially eligible based on observed needs, service engagement, or reported challenges affecting housing stability or independent living.

Completion of this form does not guarantee approval of assistance. All referrals are subject to DCSL eligibility screening, documentation review, funding availability, and program guidelines.

Section A: Participant Information

Participant Name: _____

Date of Birth: _____

Home Address: _____

City/State/Zip: _____

Phone Number: _____ **Alternate Phone:** _____

Section B: Referral Contact Information (if applicable)

Complete this section only if the person completing this form is other than the participant above completing the document.

Name: _____ **Referring Place:** _____

Phone Number: _____ **Email:** _____

Section C: Housing Stability Concerns

Please indicate whether the participant has shared or demonstrated concerns related to housing stability (**please check all that apply**):

- Risk of eviction or foreclosure
- Utility shut-off risk
- Home safety or habitability concerns
- Difficulty maintaining housing due to health or functional limitations
- No known housing concerns at this time
- Financial hardship impacting basic needs



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Brief Explanation/Additional Comments/Observations:

Section D: Authorization & Release

By signing below, I confirm that the information provided is accurate to the best of my knowledge and may be shared with the Durham Center for Senior Life for the purpose of coordinating services under the Choosing Home Program.

Staff Signature: _____ **Date:** _____

Section E: DCSL Use Only

Date Received: _____

Referral Contact for Questions:

For questions or clarification regarding this referral or the Choosing Home Program, please contact: Z-Quana Powell-Jones, DCSL Support Services Specialist at the following:
919-688-8247 ext. 141 | zpowell-jones@dcslncc.org

Submission Instructions:

Please return the completed form to the Durham Center for Senior Life via secure email to zpowell-jones@dcslncc.org or fax to 919-688-5648 as instructed by DCSL staff.