

Roommate Round-Up Referral

Name:	Gender Identity:	Sexual Orientation (optional):	Age:
Current Address:	County:	Contact Phone Number:	Email:
Monthly Income Amount and Source:			
Community Agency Supports		Community Agency Contact	
Applicant Strengths:		Applicant Barriers:	
Roommate Gender Preference (male, female, coed, other): _____			
Roommate Age Preference (provide age range): _____			
What pets are you not open to a roommate having: _____			
Do you have pets? If so what kind:		Do you have Pet Allergies? If so what kind:	
How do you spend your day? (i.e. - working, home all day):		ADA Accommodations/Requirements:	
Any other special requests:			
Legal Charges (Past and Present):		Drug and Alcohol Use (Past and Present):	

Prefer to meet via Zoom/Virtual

By signing this form, I attest that I am answering truthfully. I authorize the sharing of my personal information with staff and participants during the Roommate Round-Up process. I understand that I am accepting all responsibilities and potential risks, and I agree to hold harmless the County of Lehigh, Northampton County, their employees and/or agents from any and all liabilities and/or potential liabilities. I agree to continue mental health treatment for at least 6 months as a condition of participation in the program. I understand that I may not be able to use Roommate Round-Up services in the future if I do not adhere to this attestation. I further understand that in engaging in the program, the County of Lehigh, Northampton County, and their representatives have not made any representations or promises as to being paired with a roommate, but rather I am simply being afforded access to a forum to connect with potential roommates.

Applicant Signature

Date

Email or Fax Referral To: Lehigh County Residents:

or 610-871-1455

Northampton County Residents:

or 610-974-7596