

## SUPPORTIVE HOUSING PROGRAM

### REFERRAL INTAKE FORM

Confidential – For Referral Purposes Only

#### SECTION 1: REFERRAL SOURCE INFORMATION

Referring Agency / Organization Name
Caseworker / Social Worker Name
Phone Number
Email Address
Agency Address
Date of Referral

#### SECTION 2: APPLICANT BASIC INFORMATION

Full Legal Name
Preferred Name (if different)
Date of Birth
Age
Gender Identity (Male / Female / Non-Binary / Prefer Not to Say)
Veteran Status (Yes / No)
Phone Number
Email Address
Current Living Situation (list all that apply)

#### SECTION 3: HOUSING NEEDS & TIMELINE

Facing Immediate Housing Loss? (Yes / No)
Requested Move-In Timeline
Preferred Housing Type (Private Room/ Shared Room)

**SECTION 4: INCOME & BENEFITS**

Currently Has Income? (Yes / No / Pending)
Primary Income Source(s)
Monthly Income Amount
Income Verifiable? (Yes / No / In Process)
Housing Voucher or Subsidy (if any)

**SECTION 5: LEVEL OF INDEPENDENCE**

ADLs – Describe Level of Independence
Medication Management Level

**SECTION 6: MENTAL HEALTH INFORMATION**

Mental Health Diagnosis (if any)
Receiving Mental Health Services?
Psychiatric Hospitalization in Past 12 Months?
Emotional Stability in Shared Housing

**SECTION 7: MEDICAL & PHYSICAL HEALTH**

Chronic Medical Conditions
Mobility Needs / Accommodations
Requires Skilled Nursing Care?

**SECTION 8: SUBSTANCE USE (CONFIDENTIAL)**

History of Substance Use
Currently Using Substances
Length of Sobriety (if applicable)
Engaged in Treatment or Support Services

**SECTION 9: SAFETY & BEHAVIORAL CONSIDERATIONS**

History of Violence or Aggression

History of Arson / Sexual Offense / Weapons Charges
Ability to Follow House Rules
Behavioral Concerns Affecting Shared Housing

**SECTION 10: LEGAL HISTORY**

Current Legal Supervision
Pending Charges or Court Dates
Registered Offender Status

**SECTION 11: SUPPORT SYSTEM & SERVICES**

Primary Support System
Current Services in Place

**SECTION 12: ADDITIONAL INFORMATION**

Additional Notes Relevant to Housing Placement

**SECTION 13: REFERRAL CERTIFICATION**

Referring Staff Signature
Printed Name
Date

**PROGRAM NOTICE:**

Submission of this referral does not guarantee placement. All referrals are reviewed based on program capacity, eligibility, safety considerations, and overall fit.

**NEXT STEPS (INTERNAL USE)**

Intake Review
Follow-Up Call Scheduled
Waitlist
Not a Fit / Referred Elsewhere