HOUSING STABILIZATION SERVICES REFERRAL FORM

Referral Form must be completed on What Applies to the Client

Referral Date: ________________

Personal Information

<table>
<tr><td colspan="2">First Name:</td><td>M.I.:</td><td colspan="2">Last Name:</td></tr>
<tr><td>Date of Birth:</td><td colspan="2">Gender: □ Male □ Female
□ Prefer not to answer
□ Other:</td><td>Race:</td><td>SSN:</td></tr>
<tr><td colspan="3">Address:</td><td>City:</td><td>Zip code:</td></tr>
<tr><td>Phone Number:</td><td colspan="2">Cell Number:</td><td colspan="2">E-mail address:</td></tr>
</table>

Primary Emergency Contact Information

First name:	Last name:
Best Contact Number:	Relationship:

Special Needs

Are there any known cultural consideration needs? □ Yes □ No specify: ____

Is there any gender preference regarding the assigned staff? □ Yes □ No If yes: □ Male □ Female □No preference

Allergies: ____

Other (be specific): ____

Diagnostic Code and Description (mental health and physical health):

____

PMI Number (MA only): ________________________________

Level of Need

Does this person have a criminal background? ☐ Yes ☐ No
Are you aware of any drug/ alcohol use? ☐ Yes ☐ No
Does this person use the following? (mark all that apply) ☐ Walker ☐ Cane ☐ Wheelchair
☐ Other: ___________________________

Does this person have an income source? ☐ Yes ☐ No **(If yes, enter information below)**
Type of income: ___________________ Amount: $_________________
Type of income: ___________________ Amount: $_________________
Type of income: ___________________ Amount: $_________________
Type of income: ___________________ Amount: $_________________

Does this person currently have a lease? ☐ Yes ☐ No
If so, when will it end? __________________
Is this person currently homeless or will be homeless? ☐ Yes ☐ No
If so, when? _____________________________

How soon does this person want to move? (exact date not necessary)

____

How soon will this person need to move? (exact date not necessary)

____

Is this person best described as **actively** looking for housing or **passively** looking for housing?

____

Other important notes (please be specific):

Care Preferences (optional)

Housing search preferences (mark all that apply): ☐ Market Housing ☐ Income-based Housing ☐ Supportive Housing ☐ Other: ___________________________
Will this person need Transitional Services? (choose all that apply) ☐ Deposit ☐ Movers ☐ Household items ☐ Furniture

Legal Status & Legal Representative Contact Information

☐ Responsible for self ☐ Under commitment	☐ Under guardianship **(complete section below)**	
First name:	Last name:	
Address:	City:	Zip code:
Best Contact Number:	Fax Number:	Email:

Waiver Case Manager Information

First Name:	Last Name:	
Address:	City:	Zip code:
E-mail Address:		
Office number:	Office Fax:	Office number:
Agency Name:	Would you like to be updated on all assessment scheduling ? ☐ Yes ☐ No	

At time of referral, you may submit any other supporting documents (if you have them available):

Case Manager Signature: ______________________________ Date: _______________

Please send this & all supporting documents to –

Schs@Secondchancehomes.info