HOMELESS OUTREACH PERSON-CENTERED ENGAGEMENT (HOPE) PROJECT

Referral Form

Date: _____

Agency Making Referral: __St. Paul Community Center __ Cherry Street __ Sparrows Nest __ Family House __Beach House __ Catholic Charities __ Toledo Gospel Rescue Mission __ Bethany House __Gospel Mission __Leading Families Home ___ YWCA__ Toledo Lucas County Homelessness Board __ Zepf Center __ Harbor __Unison __ Renewed Minds __ Other: _____

Client Information

Full Name: _____ HMIS: _____
Last *First* *M.I.*

Social Security No.: _____

Date of Birth: _____ Gender: _____ MALE _____FEMALE

Race/ Ethnicity: _____ Gender:_____

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____

Family Members: _____
Name Age

_____
Name Age

_____
Name Age

_____
Name Age

Family/Client's Current Living Situation: _____Independent Housing _____Shelter _____ Streets

_____ Housing Subsidy, specify _____

Is a member of the family a Veteran? YES ☐ NO ☐

Is family/client chronically homeless? YES ☐ NO ☐

Does family/client have income? YES ☐ NO ☐

If yes, source and amount? _____

Is client currently on parole or probation? YES ☐ NO ☐

If yes, officer name and phone number: _____

Referral Person

Referring Provider: _____ Title: _____

Clinical Information

Is client currently linked to Community Mental Health Agency? _____ Yes _____ No

If yes, where? _____

Does client have health insurance? _____ Yes _____ No Insurance provider: _____

Other Information

Comments: _____

_____

_____

_____

Project Contact Staff:

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_____ _____

Case Manager Signature Date

_____ _____

Client Signature Date