



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.

Age: _____ 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:

Cierra Awls: Telephone 419-841-7701 ext. 3131 Email: cawls1@zepcenter.org
 Anta Sanders: Telephone: 419-473-2604 ext. 106 Email: asanders@neighborhoodproperties.org

Case Manager Signature Date

Client Signature Date