

Homeless Outreach Person-Centered Engagement (HOPE) Referral Form

Agency Making Referral:

- | | |
|---|--|
| <input type="checkbox"/> St. Paul Community Center | <input type="checkbox"/> Gospel Mission |
| <input type="checkbox"/> Cherry Street | <input type="checkbox"/> Leading Families Home |
| <input type="checkbox"/> Sparrows Nest | <input type="checkbox"/> YWCA |
| <input type="checkbox"/> Family House | <input type="checkbox"/> Toledo Lucas Co. Homelessness Board |
| <input type="checkbox"/> Beach House | <input type="checkbox"/> Harbor |
| <input type="checkbox"/> Catholic Charities | <input type="checkbox"/> Unison |
| <input type="checkbox"/> Toledo Gospel Rescue Mission | <input type="checkbox"/> Ohio Guide Stone |
| <input type="checkbox"/> Bethany House | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Talbot | |

Client Information:

First Name: M.I. Last Name:
 HMIS: DOB: Age: SS #:
 Gender: Female Male Other:
 Address: Apt/Unit#:
 City: State: Zip Code:
 Phone: Email:

Family Members:

Name:	<input type="text"/>	Age:	<input type="text"/>
Name:	<input type="text"/>	Age:	<input type="text"/>
Name:	<input type="text"/>	Age:	<input type="text"/>
Name:	<input type="text"/>	Age:	<input type="text"/>

Family/Client's Current Living Situation:

- | | |
|--|--|
| <input type="checkbox"/> Independent Housing | <input type="checkbox"/> Streets |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Housing Subsidy |

If 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 the 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:

Date:

Case Manager Signature

Date:

Client Signature

Project Staff Contact Information:

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