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|  **Referral Information**  |
| **Which Housing Program is this referral for?** [ ]  Housing and Recovery through Peer Supports (HARPS)  [ ]  Community Behavioral Rental Assistance (CBRA)- Please check website to confirm we are accepting referrals |
| **Referral Source Name:** (if this is a referral for you, write self)  |  |
| **Referral Source Agency:** (if this is a referral for you, write self)  |  |
| **Referral Source Phone Number:**  |  |
| **Referral Source Email Address:**  |  |
| **Does the Individual being referred have a diagnosed behavioral health condition from a licensed professional?**[ ]  **YES** [ ]  **NO;** *if no, the Individual is not eligible for these housing programs* |
| **Has the Individual been discharged from a SUD or Inpatient care facility in the last 14 days?** [ ] Yes [ ] No**If currently in a treatment facility, name of facility:****If currently in a treatment facility, expected discharge:****Housing plans after discharge:** |
| **Does the Individual meet HARPS priority population criteria as outlined** [ ]  **YES** [ ]  **NO** *(Not eligible for Foundational Community Supports Supportive Housing Services through Medicaid, is experiencing a serious mental illness, substance use disorder or co-occurring disorder, and has been release from or at risk of entering a psychiatric inpatient setting, SUD treatment setting, homeless/at-risk of homelessness including, couch surfing)?* |
| **Individual Being Referred** |
| **Name:**  | **Phone Number:**  | **Date of Birth:**  |
| **Social Security Number:**  | **Email address:**  | **ICD10 (Diagnosis) Code(s):**  |
| **Gender:**[ ] Female [ ] Male [ ] Transgender [ ] Intersex [ ] Undisclosed  | **Preferred Pronouns:**  |
| **Primary Language:**  | **Interpreter required?** [ ] Yes [ ]  No  | **Military Service:** [ ] Yes [ ]  No [ ] Prefer not to answer  |
| **Medical Benefit:** [ ]  Medicaid *(Provider One#):* [ ]  Medicare [ ]  Private:       [ ] Other:  |
| **Race (check all that apply):** [ ] White [ ]  Black/African American [ ]  Korean [ ]  American Indian/Alaskan Native [ ] Laotian [ ]  Asian Indian [ ] Native Hawaiian Cambodian [ ]  Chinese [ ]  Filipino [ ]  Japanese [ ]  Guamanian/Chamorro [ ] Middle Eastern [ ] Other Pacific Islander [ ] Other Asian [ ]  Other Race [ ]  Not Reported/Unknown |
| **Hispanic Origin**: [ ]  Puerto Rican [ ] Cuban [ ]  Mexican [ ]  Hispanic – Specific Origin Unknown [ ]  Not Spanish/Hispanic [ ]  Not Spanish/Hispanic [ ]  Other Specific Hispanic |
| **Sexual Orientation:** [ ] Heterosexual [ ] Bisexual [ ] Gay/Lesbian [ ] Questioning [ ] Undisclosed  |
| **Marital Status:** [ ] Single [ ] Married [ ] Divorced [ ] Widowed  | **Emergency Contact:** **Name:****Phone:** |
| **Does the Individual need any of the following supports from HARPS (check all that apply):** [ ]  Peer [ ]  Employment [ ]  Recovery [ ]  Education [ ]  Social Skills Training [ ]  Independent Living Skills[ ]  Housing [ ]  ID/Driver’s License [ ]  Community Resources [ ]  Financial [ ]  Insurance [ ]  Other:       |
| **Is the individual currently receiving any of these services? Where?** [ ] Case Management, agency name:       [ ] Care Coordination, agency name:       [ ] Drug Court/Family Court, agency name:      [ ] Behavioral Health Services, agency name: |
| **Does the Individual have any income?** [ ] Yes [ ]  No  If yes, please indicate the source       & amount $       (monthly) |
| **Where is the Individual currently residing/staying?** *(If inpatient, where was this individual residing prior to inpatient?)*[ ]  Emergency shelter (including hotel/motel paid for with voucher)[ ]  Place not meant for human habitation (e.g., streets, car, abandoned building, anywhere outside)  [ ]  Other: |
| **Print name:**        | **Signature:**       Date:        |