

## Resident Referral Form

*This form is used to refer individuals to New Beginnings Supportive Homes for transitional housing services. It collects necessary information to assess eligibility and coordinate intake.*

### Section 1: Referral Information

Date of Referral: \_\_\_\_\_

Referral Source:

- ☐ Self
- ☐ Agency / Organization
- ☐ Healthcare Provider
- ☐ Other: \_\_\_\_\_

Name of Referring Person / Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Section 2: Applicant Information

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number (last 4 digits): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Section 3: Reason for Referral / Housing Need

- ☐ Homeless / At risk of homelessness
- ☐ Exiting foster care / youth transition
- ☐ Re-entry after incarceration
- ☐ Health-related housing need
- ☐ Other: \_\_\_\_\_

**Brief Description of Need / Situation:**

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**Section 4: Support Services Needed**

- ☐ Case management
- ☐ Employment / Vocational support
- ☐ Education / Training support
- ☐ Financial management / Budgeting support
- ☐ Mental health counseling
- ☐ Substance use support
- ☐ Legal assistance

☐ Other: \_\_\_\_\_

**Section 5: Background Information (Optional)**

**Medical Conditions / Disabilities:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Mental Health Conditions:** \_\_\_\_\_

**Substance Use History:** \_\_\_\_\_

**Legal History / Court Involvement:** \_\_\_\_\_

**Current Housing Situation:** \_\_\_\_\_

**Section 6: Consent**

I, the undersigned, consent to sharing the information provided in this referral with **New Beginnings Supportive Homes** for the purpose of evaluating eligibility for transitional housing and supportive services.

**Referral Source Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Section 7: Program Intake Use (For Staff Only)

Intake Staff Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

### Eligibility Determination:

- ☐ Accepted
- ☐ Waitlist
- ☐ Not Eligible

### Notes / Follow-Up Actions:

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Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_