

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: _____

New Beginnings Supportive Homes - Resident Referral Form

Brief Description of Need / Situation:

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:

Staff Signature: _____ Date: _____