

CONFIDENTIAL — FOR REFERRAL AND PLACEMENT PURPOSES

1. Referral Source

Referral Date: _____

Requested Move-In Date: _____

Referral Type:

- ☐ Probation/Parole
- ☐ Mecklenburg Re-Entry/LRC
- ☐ Recovery/Treatment Court
- ☐ Pretrial Services
- ☐ Detention/Correctional Facility
- ☐ Community Reentry Organization
- ☐ Other: _____

Referring Agency/Program: _____

Referring Person: _____

Title/Position: _____

Phone: _____ **Email:** _____

Supervising Officer/Case Manager (if different): _____

Phone: _____ **Email:** _____

2. Individual Being Referred

Full Legal Name: _____

Preferred Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Gender for Housing Placement:

- ☐ Male residence
- ☐ Female residence

Current Location:

- ☐ Incarcerated – Release Date: _____
- ☐ Detention/Jail – Release Date: _____
- ☐ Treatment Facility
- ☐ Shelter
- ☐ Unsheltered/Homeless
- ☐ Temporary Housing
- ☐ Other: _____

County of Supervision: _____

3. Justice-System Status

Current Status:

- ☐ Probation
- ☐ Parole/Post-Release Supervision
- ☐ Re-Entry Services
- ☐ Recovery/Treatment Court

☐ Pretrial
☐ Recently Released
☐ Other: _____

Supervision End Date, if known: _____

Are there court-ordered or supervision-related housing restrictions? ☐ No ☐ Yes *if yes, please Explain*: _____

Electronic Monitoring: ☐ No ☐ Yes

Curfew: ☐ No ☐ Yes — Hours: _____

Required reporting, treatment, programming, or other conditions relevant to housing: _____

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4. Placement Eligibility & Safety Screening

Is the individual currently required to register on a sex-offender registry? ☐ No ☐ Yes ☐ Unknown
we are not accepting placements for sex-offender registry-compliant housing.

Known history of arson or intentional residential fire-setting? ☐ No ☐ Yes ☐ Unknown

Known current behavior presenting an immediate threat to the safety of self, other residents, or staff? ☐ No ☐ Yes ☐ Unknown If yes, briefly describe information relevant to safe placement: _____

Accessibility/accommodation needs relevant to housing:

☐ None known
☐ Mobility/accessibility
☐ Service animal
☐ Other: _____

5. Recovery / Support Needs

Is recovery-supportive housing appropriate for this individual? ☐ Yes ☐ No ☐ Unsure

Substance use treatment currently involved? ☐ No ☐ Yes

Behavioral health services currently involved? ☐ No ☐ Yes

Current Provider (if applicable): _____

Medication requiring reasonable storage/access arrangements? ☐ No ☐ Yes

Additional services requested:

☐ Substance Use Treatment Connection
☐ Behavioral Health Connection
☐ Peer/Recovery Support
☐ Employment/Workforce Assistance
☐ Benefits/Identification Assistance
☐ Transportation Resources
☐ Permanent Housing Assistance
☐ Primary Healthcare Connection
☐ Other: _____

6. Income & Housing Payment

Current Income/Payment Source:

☐ Employment
☐ SSI/SSDI
☐ Veterans Benefits
☐ Other Benefits
☐ County/Agency Housing Assistance
☐ Family/Third-Party Assistance
☐ No Current Income
☐ Other: _____

Employer, if planned / applicable: _____

Estimated Monthly Income: $_____

Who will pay for housing?

☐ Resident
☐ Referring Agency
☐ County/Program
☐ Family/Third Party
☐ Combination

Funding Contact: Name: _____ Phone/Email: _____

Anticipated Length of Stay:

☐ Less than 30 days
☐ 30–90 days
☐ 3–6 months
☐ 6+ months
☐ Unknown

Transportation needed for initial placement? ☐ No ☐ Yes ☐ Unknown

Other information The Logos should consider when determining an appropriate placement: _____

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8. Referral Authorization: I certify that the information provided on this referral is accurate to the best of my knowledge and is being provided for the purpose of evaluating an appropriate housing placement. Information disclosed should be limited to information reasonably necessary for placement, safety, supervision, coordination of services, and applicable legal requirements.

Referring Individual:

_____

Signature: _____ **Date:** _____

Phone: _____ **Email:** _____

9. Applicant Acknowledgment / Authorization: I authorize the referring agency/person to provide The Logos Collective with information reasonably necessary to evaluate and coordinate my housing placement, subject to applicable confidentiality laws and any additional authorization required by law. I understand that submission of a referral does not guarantee admission or placement.

Applicant Name: _____

Signature: _____ **Date:** _____