
**Jurni House Client Referral & Screening Form**

***For referral agencies, case managers, healthcare providers, faith organizations, and individuals.***

## Referral Source Information

Referral Agency/Organization:

Referring Person Name:

Title/Role:

Phone Number:

Email Address:

Date of Referral:

## Potential Client Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

Current Address:

Emergency Contact Name & Phone:

## Reason for Referral

Why is the client being referred to Jurni House?

## Current Needs (check all that apply)

□ Housing Assistance

□ Case Management

□ Employment Support

□ Life Skills Training

□ Financial Literacy

□ Mental Health Services

□ Substance Use Recovery Support

□ Transportation Assistance

□ Other: _____

## Screening Questions

Is the client currently homeless or at risk of homelessness? □ Yes □ No

Is the client willing to participate in program requirements? □ Yes □ No

Does the client have any immediate safety concerns? □ Yes □ No

If yes, please explain: _____

Has the client previously received services from Jurni House? □ Yes □ No

## Client Consent

□ I confirm that the client has given permission for this referral and screening.

Signature: _____ Date: _____