**Application for Services**

 **APPLICANT REFERRAL INFORMATION**

Confidental Information

 (STAFF USE ONLY)

**Applicant Name:** **Today’s Date:**

**Nickname:**

Age:­ Gender: Hair: Height: Weight:

Date of Birth: SS#: Marital Status:

Guardian/ Caregiver: Phone:

Present Address:

Home Phone:

Preferred Language:

Criminal Justice Status:

Medications:

Medical problems:

Functional limitations:

Current and past substance abuse/mental health disorders:

“Patterns of behaviors, routines, rituals”:

At-risk behavior to self and others (suicidal/homicidal ideation):

Emergency Contact:

Address:

Phone Number:

Referral Source Name: Agency:

Address:

Phone Number:

Reason for referral:

Please check appropriate areas for residents:

 Isle of Wight Suffolk Portsmouth Chesapeake

 Hampton Norfolk Newport News Portsmouth

 Virginia Beach Newport News

Funding Source:

 Medicaid Waiver

 Voucher

 Self-Pay

 Other

Type of Service Requesting: Community Engagement 1:3

 Community Coaching 1:1