



Referral Packet

Thank you for your interest in Jeremiah's House LLC. Jeremiah's House provides residential services to individuals with Mental Illness, Substance Abuse, Domestic Violence, Re- Entry & Youth Services. These services range from supervised homes to independent living.

Please review the following criteria prior to completing the attached referral form. Jeremiah's House does not discriminate based on race, creed, color, age, ethnicity, religion, gender, sexual orientation, or national origin in either the eligibility or intake process.

Inclusionary Criteria:

Individuals wishing to apply for Supportive Housing must:

1. Be 18 years of age or older.
2. Demonstrate enough psychiatric stability that they do not require inpatient services.
3. Agree to sign a program handbook, which identifies the contracting parties' rights and responsibilities.
4. **Must be able to pay program fees and a one-time non-refundable admin fee at the time of admission (can be paid by program participant or referring agency)**

Exclusionary Criteria:

1. Persons with medical conditions requiring skilled nursing care.
2. Persons in wheelchair or powerchairs

Once your completed referral packet is received, it will be thoroughly reviewed. You will be contacted as to its disposition within three working days. Once again, thank you for your interest in Jeremiah's House.

Please Send Referral to the fax or email listed below:

Jeremiah's House Mental Health Housing Program

(a subsidiary of Open Door Concierge Services Inc)

Attn: Intake

Phone: (321) 274-1974 Fax: (321) 280-6095

Email: admin@jeremiahssupportivehousing.org

Website: www.jeremiahssupportivehousing.org

SUPPORTIVE HOUSING REFERRAL

Date of Referral: _____

Referral Source:

Name of Agency: _____

Agency Address: _____

Staff Person Referring: _____

Title: _____

Agency Telephone Number: _____

Application Information:

Applicant's Name: _____ () Male / () Female D.O.B. _____

Social Security # _____ Race: _____ Ethnicity () Non- Hispanic () Hispanic

Address: _____ City: _____ State: _____ Zip: _____

Current Residence: (Check One)

Check	Type of Housing	Name of Agency	Move in Date
	Homeless		
	Other		
	Own Home or Apartment		
	With Family /Friends		

Previous Residence: (last 5 years: use separate sheet if necessary)

Address: _____

Move In Date: _____ Move Out Date: _____

Landlord's Name & Telephone Number: _____

Reason for Leaving: _____

Reason for Referral to Jeremiah's House:

Diagnosis:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

Current Treatment Source:

Name of Psychiatrist: _____

Psychiatrist's Telephone Number: _____

Name of Therapist/Counselor: _____

Therapist's/Counselor's Telephone Number: _____

Medication History:

<u>Name</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date Prescribed</u>	<u>Date Stopped</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Drug and Alcohol History:

Age first used drugs/alcohol: _____

Which substances used/abused? List all alcohol/illegal drugs used:

Describe history of treatment (treatment sources, dates of treatment):

Describe current support/treatment (i.e., AA/NA Case Management etc.):

Economic Resources:

Amount SSI: _____

Amount SSD: _____

Amount of Welfare: _____

Amount of income from work: _____

Medicaid Number: _____

Medicare Number: _____

Other Health Insurance: _____

(Company and number) _____

Are you currently employed? Yes () or No ()

If yes:

Employer's Name: _____

Employer's Address: _____

Employer's Telephone Number: _____

Family/Community contact:

Name: _____

Address: _____

Telephone Number: _____

Relationship: _____

Pending Legal Charges:

If applicant has any legal charges pending, please explain:

Resident Information

Please answer the following questions below.

1. Who suggested that you come here (*chose one option that best applies*)?

- Family/Friend
- Employer/Coworker
 - Treatment or Mental Health professional
 - Representative of the courts/judicial system
- No one
- Other: _____

2. How long have you been drug and alcohol free?

- Less than a month → How many days? ____ ____
- One to three months
- Four to six months
- Seven months to a year
- More than one year

3. In the past 30 days, where have you been living most of the time (*chose one option that best applies*)?

- My own home/apartment
- Someone else's home/apartment
- In a medical, treatment, or other residential recovery setting
 - In jail, prison, or another correctional setting
 - In a shelter or another temporary housing facility
 - Outdoors or on the streets
- Other: _____

4. Are you currently enrolled in school or a job training program?

- Not enrolled
- Enrolled full-time
- Enrolled part-time
- Other: _____

5. Are you currently employed (*chose one option that best applies*)?

- Employed full-time (35+ hours per week)
- Employed part-time
- Unemployed and looking for work
- Unemployed and not looking for work (e.g., retired, disabled, enrolled in school, etc)
- Other: _____

6. In the past 30 days, did you attend any self-help or recovery support groups?

- Yes → *If yes, what type* _____
- No

7. How would you rate your quality of life?

- Very poor
- Poor
- Good
- Very good
- Neither poor nor good

8. What would you like to accomplish during your stay here?

10. What potential challenges do you see in improving your recovery and or mental health?

11. What else would be helpful for us to know about you to best serve you?

Please include the following documentation with this application:

Copy of Social Security Card & Identification Card

Copy of Current Social Security Award Letter or any other Proof of Income

**Additional Information Required if coming from another program
or institution**

1. **Copy of most recent treatment plan**
2. **Copy of most recent physical examination**
3. **Copy of discharge summaries of previous admissions**
4. **Copy of most recent substance abuse assessment**
5. **Copy of case review/treatment team notes**

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Signature of Applicant

Date