

Ruby's Heart Home Intentional Shared Living Program, LLC



Valencia Mitchell **Founder & Program Director**

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 RubysHeartHome.org

Referral Partner Information

- **Agency/Organization Name:** _____
- **Referring Staff Name:** _____
- **Job Title:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Best Time to Contact:** _____
- **Relationship to Applicant:** _____

Privacy Notice

All information provided to Ruby's Heart Home Intentional Shared Living Program, LLC is confidential and used solely for eligibility review and placement. Information will not be shared without written consent unless required by law.



Applicant Information

- Applicant Full Name: _____
 - Date of Birth: _____
 - Phone Number: _____
 - Email Address: _____
 - Current Address or Facility: _____
 - Emergency Contact Name: _____
 - Emergency Contact Phone: _____
 - Relationship to Applicant: _____
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Background & Eligibility

Reason for Referral:

- Able to live independently: Yes ___ No ___
- Requires 24/7 medical care: Yes ___ No ___
- On probation or parole: Yes ___ No ___

Applicant Category (check all that apply):

- Senior
- Veteran
- Adult with Disabilities

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Reentry Individual

Other: _____

- **History of violence: Yes ___ No ___**
 - **Active substance use: Yes ___ No ___**
 - **Mental health diagnosis: Yes ___ No ___**
 - **If yes, stable: Yes ___ No ___**
-

Housing & Financial Information

- **Desired Move-In Date:** _____
 - **Does the applicant have income: Yes ___ No ___**
 - **Source of income:** _____
 - **Monthly income amount:** _____
 - **Does the applicant have a payee: Yes ___ No ___**
 - **Able to pay monthly program fee: Yes ___ No ___**
-

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Behavioral & Social Information

- **Recent hospitalizations:** _____
- **Recent arrests:** _____
- **Safety concerns:** _____
- **Medication compliance concerns:**

Support provider names & contact information:

Case Manager

Therapist

Probation Officer

Parole Officer

Other: _____

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Additional Notes

- **Additional comments or concerns:**

- **Documents Attached (check all that apply):**

- ID
- Income Verification
- Discharge Paperwork
- Case Notes
- Other: _____

Submit Completed Form To:

 Valencia@RubysHeartHome.org

 RubysHeartHome@yahoo.com

 RubysHeartHome.org



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