

SUPPORTIVE HOUSING PROGRAM REFERRAL	
<small>(Office Use Only)</small>	DATE RECEIVED:
	DATE INTERVIEWED:
Type of Housing Requested	
<input type="checkbox"/> Dena Bank	<input type="checkbox"/> Sandstone
<input type="checkbox"/> Harmon Hill	<input type="checkbox"/> Gault Grove
CONSUMER INFORMATION	
Name:	CID#
	SS#
Current Address:	
How long at current address?	Phone #
<input type="checkbox"/> 0-6 mos <input type="checkbox"/> 6-12 mos <input type="checkbox"/> 1-2 yrs <input type="checkbox"/> 2-4 yrs <input type="checkbox"/> over 5 yrs	
Current Living Situation:	
<input type="checkbox"/> Alone <input type="checkbox"/> Parent(s)/Relative(s) <input type="checkbox"/> Homeless	
<input type="checkbox"/> Roommate <input type="checkbox"/> Group Home	
Current Housing Type:	
<input type="checkbox"/> Apartment <input type="checkbox"/> Home <input type="checkbox"/> Boarding House	
<input type="checkbox"/> CRCF <input type="checkbox"/> Shelter <input type="checkbox"/> Other: _____	
Case Manager:	Phone #:
Program/Office:	Location:
Doctor:	Last PMA:
Attends Day Program: <input type="checkbox"/> Yes <input type="checkbox"/> No	Day Program:
Emergency Contact:	Phone #:
Address:	
FINANCIAL INFORMATION	
Current Employment:	Monthly Income:
Other Monthly Income:	Type of Income:
Medicaid #:	Medicare #:
Does applicant meet financial obligations on time?	
REPRESENTATIVE PAYEE INFORMATION (if applicable)	
Name:	Phone #:
Address:	
MEDICAL INFORMATION	
Current Diagnosis:	Axis I:
	Axis II:
	Axis III:
Current Psychiatric Medications:	
Date/Location of Last Psychiatric Hospitalization:	
Reason for Admission:	
Current Psychiatric Problems/Limitations:	
Other Medical Problems:	
Other Medications:	
Other Special Needs:	
ALCOHOL & OTHER DRUG ABUSE INFORMATION	
Current Alcohol/Drug Use <small>(please be specific)</small>	
Current Alcohol/Drug Treatment <small>(NA, AA, inpatient hospital, etc.)</small>	
Hx of Alcohol/Other Drug Use <small>(Specify names, amounts, when, where)</small>	

COUNTER-PRODUCTIVE / MALADAPTIVE BEHAVIORS

Hx of Anti-Social Behavior: (Legal history, arrests, imprisonment, charges, aggressive acts, etc.)	
Hx of Suicide Attempts:	
Hx of Re-Hospitalization/ Medical Non-Compliance:	

RIGHTS AND SAFETY INFORMATION

Has applicant's behavior been detrimental to the health or safety of other household members?
 If so, explain:

Does applicant consistently respect the rights of others?
 If not, explain:

Has there been any incident that would be a source of danger to the peaceful enjoyment of other community members?
 If so, explain:

Does applicant need 24-hour supervision?
 If so, why?

Has applicant ever been evicted from any residence (including moving to avoid eviction) for disturbances, destruction of property, unpaid rent, disturbances due to excessive drinking or drug use, or bad housekeeping habits?
 If yes, explain:

SKILL LEVEL INFORMATION

<i>Please rate the applicant on the following:</i>	<i>Independent</i>	<i>Needs some assistance</i>	<i>Needs ongoing assistance</i>
Personal Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Preparation/Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Usage/Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping (wash dishes, clean bathroom, vacuum, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Maintenance (simple repairs, replace light bulbs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grocery Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure Time Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication (use phone, make appointments, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arranging Needed Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER INFORMATION

Why would client benefit from placement in this program?

Other comments / relevant information:

Signature of Case Manager: _____ Date: _____

Please attach PMA for last three (3) months.