# B2H Agency Referral Form

(For Referral of Clients to Partner Service Agencies)

## Section 1: Referring Staff Information

Referring Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Referral: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_

## Section 2: Client Information

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOC Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

Projected Release Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

Current Housing Status:

* ☐ Permanent Housing Pending  
  ☐ In Bridge Housing  
  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 3: Referral Details

Service Agency Referred To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Service(s) Requested (check all that apply):

* ☐ Mental Health Counseling  
  ☐ Substance Use Treatment  
  ☐ Employment Assistance  
  ☐ Educational Support  
  ☐ Family/Parenting Services  
  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Referral / Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 4: Client Readiness & Engagement

Client aware of referral? ☐ Yes ☐ No

Client willing to engage? ☐ Yes ☐ No

Barriers noted (if any):

* ☐ Transportation  
  ☐ Motivation/Readiness  
  ☐ Scheduling conflicts  
  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 5: Follow-Up & Workflow

Referral Date Sent to Agency: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

Agency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Appointment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

Projected Lease-Up Date (if applicable): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

Verification Call to Agency:  
Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

Case Manager Confirmation (Client Engagement):

* ☐ Attended first appointment  
  ☐ Missed appointment – rescheduled  
  ☐ Did not engage

## Section 6: Signatures

Referring Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

Case Manager (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_