# B2H - Bridge Housing Referral Form

(For TASC Internal Use)

## Section 1 – Referral Information

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

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

Contact Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 2 – Client Information

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

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

DOC Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of Origin: ☐ Sangamon ☐ St. Clair ☐ Madison

Current Status: ☐ Incarcerated (release pending) ☐ Recently Released

## Section 3 – Housing Status

Projected Permanent Lease-Up Date: \_\_\_\_\_\_\_\_\_\_

Permanent Housing Location (if known): \_\_\_\_\_\_\_\_\_\_

Reason Bridge Housing Needed:

☐ Unit not yet available

☐ Pending inspection/approval

☐ Administrative delay

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 4 – Bridge Housing Request

Preferred Bridge Housing Type:

☐ Hotel/Motel

☐ SRO (Single Room Occupancy)

☐ Transitional Housing Partner

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Considerations:

☐ ADA Accessible Room

☐ Proximity to healthcare

☐ Proximity to employment or services

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 5 – Support Needs

Case Manager Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency of Check-Ins Required: ☐ Daily ☐ Weekly ☐ Other: \_\_\_\_\_\_\_\_\_\_

Known Risk Factors (check all that apply):

☐ Mental Health Crisis Risk

☐ Substance Use Support Needed

☐ Behavioral Concerns (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 6 – Authorization

By signing, I confirm this referral is accurate and the client is eligible for Bridge Housing through B2H.

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