

Referral taken by _____ Date: _____

Out Reach Started: _____ Canceled: _____ Denied _____

Office Use only

Canceled due to _____ Not Able to Contact _____ No Longer Eligible _____ Age _____
Other (explain) _____

Denied due to _____ Not HUD Homeless/No KTAP _____ Age _____ Other (explain) _____

HOME OF THE INNOCENTS PATHWAYS HOME REFERRAL FORM

****Verbal Permission to Add Info in HMIS/Coordinate w/ Common Assessment:** ☐ YES ☐ NO

Witness to Referral Giving Permission (Print Name): _____

Name _____ DOB _____ Age _____

Address of Residence _____ Zip _____

Mailing Address _____ Zip _____

County (Jeff only are eligible) _____ Phone _____

Email _____ Second Phone _____

SSN _____ Language (if not English) _____

Household Information:

☐ Single adult,
no children

☐ Female single
parent

☐ Male single parent

☐ Couple with
no children

☐ Non-custodial
caregiver(s)

☐ Two parent family
with children

☐ Couple (parent and
friend) and children

☐ Foster parent(s)
and children

☐ Grandparent(s)
and children

☐ Other:

Gender:

☐ Female

☐ Male

☐ Transgender male to
female

☐ Transgender female to
male

☐ Doesn't identify as
male, female or
Transgender

☐ Client doesn't
know

☐ Client refused

Race (circle as many as apply) American Indian/Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White Client Doesn't Know Client Refused

Ethnicity: Non-Hispanic/Non-Latino Hispanic/Latino Client Doesn't Know Client Refused

Are you a Veteran: Yes No

Current Marital Status (circle one) married separated divorced engaged single

Number of Children _____ Pregnant? Y N If yes, due date: _____

Custody Status _____

Referred from _____ Phone _____

HOTI / DCBS / DJJ / EI / Aftercare client /Other _____

State worker, if different from above _____ Phone _____

Did client age out in care? Yes No Chafee Services via DCBS? _____

Prior Pathways HOME client? Yes No Reason for leaving Pathways HOME:

_____ Other agencies client is currently working with _____

Referral Name: _____

Client ID: _____

Referral Information (Please give as much information as possible)

Only Check Homeless if Meets HUD Definition – living in the streets, in a shelter or in a place not meant for human habitation like a car

Housing	* Episode(s) of Homelessness:	Dates:
<input type="checkbox"/> Homeless*	<input type="checkbox"/> Shelter _____	_____
<input type="checkbox"/> Chronic (1 + year or 4+ times in 3 yrs)	<input type="checkbox"/> Car, street, etc _____	_____
<input type="checkbox"/> Temporary Housing	<input type="checkbox"/> THP _____	_____
_____	<input type="checkbox"/> Eviction _____	_____
<input type="checkbox"/> Own Housing (EI only)	<input type="checkbox"/> DV _____	_____
	Additional homeless information: _____	

☐ Effort to secure housing: _____

☐ Housing debts? _____

☐ Past evictions/reasons? _____

Employment	Benefits/Income	Education
<input type="checkbox"/> Employed	<input type="checkbox"/> None	<input type="checkbox"/> No GED or diploma
<input type="checkbox"/> Currently Unemployed	<input type="checkbox"/> Wages/month - \$	<input type="checkbox"/> Has had an IEP in past
<input type="checkbox"/> Currently Searching	<input type="checkbox"/> KTAP - \$	<input type="checkbox"/> Has GED or diploma
<input type="checkbox"/> Never Worked	<input type="checkbox"/> Food Stamps -\$	Year: _____
<input type="checkbox"/> Volunteering _____	<input type="checkbox"/> Medical card	<input type="checkbox"/> Wanting to pursue further
_____	<input type="checkbox"/> SSI / SSDI - \$	<input type="checkbox"/> Enrolled/Attending
_____	<input type="checkbox"/> WIC	College/Trade
_____	<input type="checkbox"/> Child Support - \$	_____
	<input type="checkbox"/> Debts - \$	_____

Medical/Physical Health

☐ No Concerns or Disabilities

☐ Has long-term Medical issues _____

Treatment/Outcome: _____

☐ Has Physical Limitations/Disability _____

Treatment/Outcome: _____

Mental Health

☐ Never had counseling ☐ Has had counseling in past _____

☐ Seeking referral to counseling for _____

☐ Currently in counseling for _____

(agency/therapist) _____

☐ Has a current/previous diagnosis (dx / date) _____

☐ Medications (currently taking or prescribed & past): _____

Substance Use/Abuse (current/hx) _____

Referral Name: _____

Client ID: _____

Legal Involvement

☐ Current/Pending Charges _____

☐ Past Charges _____

Previous Placements / IL Skills training / Self- sufficiency potential _____

Additional Information / Concerns _____

Client Contacts:
