

REFERRAL FORM

Transitional Housing for Homeless Youth



Referral Date: _____ Referring Agency: _____

Referring Person: _____ Contact Number/Email _____

Staffing Date: _____ Time: _____ Location: _____

Referred Client Information

Last Name	First Name	Gender	DOB	Contact Number

Significant Others of Referred Client

Last Name	First Name	Relationship to Client	Comments:

Parent/Guardian Name(s) _____ Phone: _____

Additional Phone: _____

Parent/Guardian Address: _____

Referral Information

Referring Needs (Include reason for homelessness): _____

How long has the client been homeless? _____

Client's Strengths: _____

Any Community Resources/Person(s) used as a support: _____

Education Information

Client's last grade level completed: _____ Name of school currently attending: _____

Name of school counselor: _____

Health Information

Any history of past treatment for medical /mental health concerns? Any current concerns?: _____

Any history of past treatment for substance abuse? Any current concern? _____

Employment Information

Is the client employed: Y N If yes, name of employment: _____

Legal Information

Any past involvement with law enforcement/probation, arrests? _____

Name of probation officer and contact number? _____

Family Information

Is client pregnant or does the client currently have children? _____

How many weeks along are you? _____

Physician's name? _____

When was your last OB checkup/visit? _____

Are you currently in contact with the mother/father of this baby? _____ If so where do they live? _____

Name and contact information for the mother/ father of this child(ren) _____

Are they named on the birth certificate? _____

Where is the child(ren) currently living? _____

Who has legal custody of the child(ren)? _____

Who else do the child(ren) stay with on a regular basis? _____

What is the daycare plan for the child(ren) and how is it paid for? _____

Do you qualify for or currently have any of the following: WIC, TANF, Medicaid, Food Stamps, Child Care

Please contact Sara Klauer, 309-736-6612 or sklauer@bethany-qc.org or Quincy Davis, 309-736-6630 or qdavis@bethany-qc.org, for referral questions/concerns.

Further Information: _____

