



**HOUSING SUPPORT SERVICES REFERRAL FORM**

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

**1. REFERRAL SOURCE INFORMATION**

Agency/Organization Name: \_\_\_\_\_  
Referring Staff Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Fax: \_\_\_\_\_

**2. CLIENT INFORMATION**

Client Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender:  Male  Female  Non-Binary  Other  
Medicaid ID Number: \_\_\_\_\_  
Social Security Number (Optional): \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Primary Language: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Emergency Contact Phone: \_\_\_\_\_

**3. CURRENT LIVING SITUATION**

Homeless  
 Emergency Shelter  
 Transitional Housing  
 Living with Family/Friends  
 Hospital  
 Psychiatric Facility  
 Substance Use Treatment Program  
 Nursing Facility  
 Assisted Living  
 Own Apartment/Home  
 Facing Eviction  
 Other: \_\_\_\_\_  
Current Address (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. BEHAVIORAL HEALTH INFORMATION**

Primary Mental Health Diagnosis: \_\_\_\_\_  
Secondary Diagnosis: \_\_\_\_\_  
Current Behavioral Health Provider: \_\_\_\_\_  
Psychiatrist: \_\_\_\_\_  
Therapist: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History of Psychiatric Hospitalization?

Yes  No

If Yes, Date of Most Recent Admission: \_\_\_\_\_

Substance Use History?

Yes  No  Unknown

**5. CLIENT NEEDS – SERVICES REQUESTED**

Please check all services requested.

**PRE-TENANCY SERVICES**

- Housing Search
- Housing Applications
- Affordable Housing Programs
- Benefit Verification
- Document Collection
- Housing Eligibility Determination
- Landlord Outreach
- Housing Placement

**MOVE-IN SERVICES**

- Lease Review
- Security Deposit Resources
- Utility Setup
- Household Essentials
- Furniture Resources
- Community Orientation
- Move-In Coordination
- Initial Home Safety Assessment

**TENANCY SUSTAINING SERVICES**

- Maintaining Housing Stability
- Landlord Communication
- Budgeting Support
- Independent Living Skills
- Benefit Coordination
- Conflict Resolution
- Eviction Prevention
- Community Integration
- Ongoing Housing Retention Support

**BEHAVIORAL / MENTAL HEALTH SUPPORT SERVICES**

- Care Coordination
- Behavioral Health Referrals
- Appointment Scheduling
- Medication Management Support
- Crisis Prevention Planning
- Community-Based Supports
- Wellness and Recovery Planning
- Hospital Discharge Support
- Connection to Mental Health Resources

**TRANSPORTATION SERVICES**

- Medical Appointments
- Behavioral Health Appointments
- Housing Appointments
- Benefit Appointments
- Employment Services
- Community Resources
- Other Transportation Needs

**6. CLIENT GOALS**

Please describe the client's immediate housing and support needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. RISK FACTORS (Check all that apply)**

- Homelessness
- Housing Instability
- Risk of Eviction
- Recent Hospitalization
- Serious Mental Illness
- Lack of Income
- Other: \_\_\_\_\_
- Social Isolation
- Substance Use Concerns
- Frequent Emergency Room Use
- Reentry from Correctional Facility
- Safety Concerns

**8. SUPPORTING DOCUMENTS ATTACHED**

- Medicaid Card
- Government ID
- Psychiatric Evaluation
- Hospital Discharge Summary
- Medication List
- Housing Documents
- Benefit Verification
- Other: \_\_\_\_\_

**9. REFERRAL CERTIFICATION**

I certify that the information provided is accurate to the best of my knowledge and that the client may benefit from Housing Support Services provided by Mahanaim Sanctuary.

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

**FOR MAHANAIM SANCTUARY USE ONLY**

Referral Received Date: \_\_\_\_\_ Assigned Housing Support Specialist: \_\_\_\_\_  
Eligibility Verified:  Yes  No Intake Scheduled:  Yes  No Intake Date: \_\_\_\_\_  
Admission Status:  Accepted  Pending  Declined Reason: \_\_\_\_\_  
Program Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for referring to Mahanaim Sanctuary Housing Support Services.**

*Together, we create a safe haven and build brighter futures.*