

**REFERRAL FORM**

Date: \_\_\_\_\_ County of Origin \_\_\_\_\_

Has the applicant been referred to the SPOE Committee for services?  Yes  No

If yes, which county: \_\_\_\_\_

Referral Source Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Name _____	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address _____	Phone _____		
Date of Birth _____	Social Security # _____		
Ethnicity _____			
Physical/Medical Limitations _____			
Allergies _____			
Has this person served in any Branch of the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed # of Dependents _____			
Emergency Contact _____		Relationship _____	
Address _____		Phone _____	
<b>Is this person homeless</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Starting date</b> _____ <b>End Date</b> _____			
<b>If you have checked yes where did they sleep last night?</b> _____			
<b>Please list all previous incidents of homelessness in the last four years and verify with dates:</b>			
_____			

Arbor Housing and Development offers a continuum of residential services for individuals recovering from a severe and persistent mental illness. We offer several levels of care, with varying levels of staff supervision. Please check the level of care most appropriate for the applicant:

The Community Residence program: a 24-hour supervised residential setting

The RITE program: an apartment setting with daily or weekly staff contact

Supportive Living: an independent apartment setting with limited financial assistance and staff support

Primary Mental Health Diagnosis _____	
Additional Diagnosis _____	
# of psychiatric hospitalizations w/in the past year _____	Last admit/discharge _____
Mental Health Services _____	
Therapist _____	Phone _____
Care Manager _____	Phone _____
Substance Abuse Services _____	
Counselor Name _____	Phone _____

<b>Behavioral History:</b>		If yes, please explain:
Suicide Attempt(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Self-abuse/injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Physically assaultive	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Sexually assaultive	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Attempted homicide	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Pyromania	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Destruction of property	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Criminal arrests	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Substance abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

<b>Financial Information:</b>			
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	_____
SSD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	_____
DSS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	_____ DSS County _____
Name of worker _____			
Address of worker: _____		Phone _____	
Medicaid Number _____		Medicare Number _____	
Representative Payee (If other than self) _____			
Address _____		Phone _____	

<b>Legal History:</b>	
Has the applicant ever been arrested/convicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain _____	
Has the applicant ever been arrested/convicted for the manufacturing of Methamphetamine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain _____	
Is the applicant currently on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of probation officer _____	Phone _____
Is the applicant currently on parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of parole officer _____	Phone _____
Is the applicant involved with a drug court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name/location _____	Phone _____
Is the applicant mandated to treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any current charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain _____	
Has the applicant ever been charged or convicted of a sexual offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant subject to a current order of protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>**Please attach a copy of the applicant's current legal history if applicable.</b>	

**Does the Client Meet the Criteria for Severe and Persistent Mental Illness**       Yes     No

**IN ORDER TO PROCESS THIS APPLICATION, A COPY OF THE APPLICANT'S BIOPSYCHOSOCIAL AND PHYSICAL HISTORY FROM WITHIN THE LAST 6 MONTHS MUST BE ATTACHED**

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Revised 03-12-19