Family Promise of Sussex County

Permanent Supportive Housing for the Chronically Homeless

Referral Form

Referral For (Please check one):

☐ Hunterdon County Resident ☐ Sussex County Resident ☐ Warren County Resident

Date of Referral: _____

Referring Agency (name and address): _____

_____

Contact person: _____ Contact number: _____

Email: _____

Reason for Referral: _____

_____

Name of person being referred: _____

Last Permanent Address: _____

Current Address: _____

Phone number for person being referred: _____

Date of Birth: _____ Primary Language: _____

Social Security # _____ Marital Status: _____

Emergency contact person & relationship: _____

Emergency contact phone number: _____

Disabling Condition: _____

Other mental and physical health concerns: _____

_____

_____

Current medications: _____

_____

Psychiatric hospitalizations:

Institution Name and Address (most recent)	Admission Date	Discharge Date

Other hospitalizations:

Institution Name and Address (most recent)	Condition	Admission Date	Discharge Date

History of Drug and Alcohol Use:

Last use date: _____

Substances used: _____

History of suicidal ideation, plans, attempts (please include dates and details): _____

_____

_____

_____

History of aggressive behaviors (please include dates and details): _____

_____

_____

_____

Pending legal charges (please provide details): _____

_____

Is referral person currently on KROL status (found not guilty of criminal charges due to a mental illness)? _____

Medical Conditions (if applicable):

Diagnosis:	Date Diagnosed:
Treating Physician:	Treating Physician Phone:
Treating Physician Address:	
Diagnosis:	Date Diagnosed:
Treating Physician:	Treating Physician Phone:
Treating Physician Address:	
Diagnosis:	Date Diagnosed:
Treating Physician:	Treating Physician Phone:
Treating Physician Address:	

Allergies: _____

_____

Resource currently in place for referral (please list amounts if known):

- ☐ SSI $ _____
- ☐ SSD $ _____
- ☐ SSA $ _____
- ☐ TANF $ _____
- ☐ VA $ _____

Does Referral currently receive:

- ☐ Rental Assistance: $ _____ Agency: _____
- ☐ General Assistance $ _____ County: _____
- ☐ Other $ _____ Describe: _____

Are there any special accommodations required to meet the needs of the referral? Yes or No

If yes, please explain: _____

Referring individual name and agency: _____

_____ _____

(Signature) (Date)