



From homelessness to hope.

NEW HAVEN HOME RECOVERY, INC.

Martha's Place
559 Howard Avenue
New Haven, CT 06519

Phone: (203) 624-5798
Fax: (203) 624-2809

INITIAL REFERRAL

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

Name of Person Being Referred: \_\_\_\_\_ Tel.# \_\_\_\_\_

Best way to reach client: \_\_\_\_\_

Current Address and/or Facility: \_\_\_\_\_

SSN# \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Female Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_

Ages and Genders of Dependents \_\_\_\_\_
(Martha's Place can only house children over the age of 7 and boys under the age of 10)

Person Making Referral: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Tel.# \_\_\_\_\_

Referral Type: (use code): \_\_\_\_\_

Table with 4 columns: 01 - Hospital, 02 - Mental Health Provider, 03 - DSS (approved/denied), 04 - Dept. of Correction, 05 - Substance Abuse, 06 - Self, 07 - Walk in, 08 - Other (explain)

Reason for Homelessness: (use code): \_\_\_\_\_

Table with 4 columns: 01 - Rent over 50% of income, 02 - Eviction pending, 03 - Evicted, 04 - Failure to pay rent, 05 - Illegal landlord lock-out, 06 - Domestic Violence, 07 - Lead removal issues, 08 - Coming out of prison, 09 - Fire, 10 - New Resident, 11 - Family Eviction, 12 - Other (explain)

Physical Disability? Yes No Substance abuse history? Yes No
Mental Health Issues? Yes No Lived in public housing? Yes No
Applied for Section 8 or RAP Yes No ATR Recipient? Yes No
TAP Recipient? Yes No

Where are they from? (Town) \_\_\_\_\_

DSM-IV DIAGNOSIS OR CONDITION (Codes not accepted)

Axis I Diagnosis: \_\_\_\_\_

Axis II Diagnosis: \_\_\_\_\_

Is client in treatment for above conditions? Yes No Where? \_\_\_\_\_ Clinician: \_\_\_\_\_

Please list client's current psychiatric symptoms (including recent suicidality, hallucinations, and mental status): \_\_\_\_\_

\_\_\_\_\_

When was the last time the client used substances? \_\_\_\_\_ Drug of Choice: \_\_\_\_\_

(Continued on next page)

**LEGAL HISTORY**

Current legal involvement (including pending charges, recent release from prison, probation/parole): \_\_\_\_\_

**HISTORY OF VIOLENCE**

Is the client a victim of domestic violence? Please elaborate fully. \_\_\_\_\_

Does the client have a history of perpetrating violence? Please elaborate fully. \_\_\_\_\_

**MONTHLY INCOME**

TANF \_\_\_\_\_  SSI \_\_\_\_\_  SSDI \_\_\_\_\_  SAGA \_\_\_\_\_  Employed \_\_\_\_\_  Other (specify) \_\_\_\_\_

Does the client have a conservator or payee? **Yes**  **No**  Name and Phone: \_\_\_\_\_

**PHYSICAL HEALTH and LIMITATIONS**

Does the client have any physical limitations (stairs, lifting, etc): \_\_\_\_\_

Does the client have any communicable diseases (TB, pneumonia, lice): \_\_\_\_\_

Does the client require a visiting nurse or a home health aide? **Yes**  **No**

Does the client have health insurance? **Yes**  **No**  Type: \_\_\_\_\_

Please list current medications (including psychiatric): \_\_\_\_\_

Medication compliance issues: \_\_\_\_\_

**HISTORY OF HOMELESSNESS AND HOUSING**

What is your understanding of how the client became homeless? \_\_\_\_\_

Does the client have any plans for housing (Subsidized housing waitlists, CSN referral): \_\_\_\_\_

**Referral form must be completed IN FULL. Client must call daily to check on bed status (extension 16 or 15).**

**MARTHA'S PLACE STAFF:**

Admitted to Shelter? Yes \_\_\_\_\_ No \_\_\_\_\_ Referred to: \_\_\_\_\_

Date of Intake: \_\_\_\_\_

Notes: \_\_\_\_\_