



NEW HAVEN HOME RECOVERY, INC.

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

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

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: _____

LEGAL HISTORY

Current legal involvement (including pending charges, recent release from prison, probation/parole), If history of incarceration, please explain why _____

If on probation/parole/conditional release why? _____

HISTORY OF VIOLENCE

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

Is domestic violence active?

Explain. _____

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**

Can client perform ADL's independently?(Such as bathing daily without direction, completing laundry, and basic household chores) If no, please explain _____

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): _____

Has Client resided at Martha's Place before? If so, when _____

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: _____