HEAVENLY LIVING FOUNDATION

Referral Intake Form (Please Print Clearly)

1. **Participant's full name:**_____
2. **Date of birth:**_____
3. **Participant's Age:**_____
4. **Participant's contact phone number:**_____
5. **Participant's current address:**_____
   _____
6. **Please provide the name and phone number of the case manager or referring agency**_____
   _____
7. **Reason for seeking housing at this time?**
   _____
8. **Is the participant able to live independently without assistance for personal needs? Yes or No**
9. **Is the participant able to manage their own medication independently? Yes or No**
10. **Is the participant able to make their own decisions? Yes or No**
11. **Participant's current source of income:**_____
12. **Approximately how much is monthly income?**_____
13. **Has the participant lived in shared housing before? Yes or No**
14. **Is the participant comfortable living with other residents in a shared home environment? Yes or No**

15. **Does the participant object to coed shared living? Yes or No**

16. **Does the participant currently have any active substance abuse issues? Yes or No**

17. **If the participant is currently recovering from a substance abuse please list the type of substance and the length of time of recovery:**_____

18. **Is the participant currently participating in a drug recovery program? Yes or No**

19. **Does the participant object to random drug testing? Yes or No**

20. **Does the participant have any history of violent behavior? Yes or No**

21. **How soon is the participant looking to be housed? Immediately, Within days, or Next month?**
    _____

22. **Is the participant willing to agree to follow house rules and maintain respectful behavior toward other participants? Yes or No**

23. **Does the participant have any pending legal issues? Yes or No, If Yes please list them and :**_____
    _____
    _____

24. **Does the participant have reliable transportation or a way to attend appointments if necessary? Yes or No**

25. **Is the participant currently on probation or parole? Yes or No**

26. **Does the participant have any medical conditions that require daily supervision? Yes or No**

27. **Please list all medical disabilities mental or physical:**_____
    _____

28. **Does the participant use a wheelchair or walker? Yes or No**

29. **What are the participant's goals while staying in the HLF Housing Program?**
_____
_____

30. **Does the participant have any support systems such as family, friends or a case manager? If so please provide their name and phone number:**_____
_____
_____

31. **Is the participant willing to participate in an orientation and review house expectations before move-in? Yes or No**

32. **Please list any information that the participant would like to provide about their situation or housing needs so that accommodations may be considered:**_____
_____
_____
_____
_____

33. **Who is referring the participant? (Circle One)**

***Self** ***Family/ Friend** ***Other**

***Community Partner/ Agency**

Additional Notes:_____
_____
_____
_____

Thank you for helping us make a difference!

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