SMOC Greater Worcester Housing Connection
Rapid Rehousing Referral Form

PLEASE FILL OUT COMPLETELY, ATTACH A COPY OF A GOVERNMENT ISSUED PHOTO ID AND FAX TO GWHC AT 508-753-2271

Date:_____ **Name of person completing this form:**_____

Client Name:_____ **M** **F**
First MI Last

Current Address/Program:_____ **Length of time**:_____

Previous Address: _____ **City/state** _____**How Long** _____

D.O.B. _____/_____/_____ **SS#** _____-_____-_____ **Phone Number** _____

Veteran: Y N **Discharge type:** Honorable Other None **Picture ID Card:** Y N **Type:** _____

Health Insurance: Y N TYPE: _____ **Any Allergies?** Y N list: _____

Referred by (Agency):_____ **Discharge Date**:_____

Contact name:_____ **Phone Number**:_____

Aftercare Plans:_____

Emergency Contact: _____ **Relationship:**_____**Phone:**_____

Have you been homeless for more than 1 year continuously or, 4 episodes in 3 years (documented)? Y N

Ever Convicted Of Violence, Sex, or Arson? Y N Describe: _____

History of Domestic Violence/Describe: _____

Prior Admissions: DETOX_____ RES_____ O/P_____ Methadone_____Suboxone_____

Last needle use: (if any) _____ **Drug(s) Of Choice**: _____

Last Use of any drug/alcohol: _____**What was It:** _____

In Recovery: Y N N/A **Longest period of sobriety:** _____

List Mental Health diagnosis if applicable:_____

Briefly Describe Current/Prior MH Tx: _____
(please list any counseling and/or hospitalizations)

List any medical conditions:_____

List all current Medications:_____

_____

Does client have a 30-day supply of medications? Y N

Tested For TB: Y N **Results**: + - **Date of last test**: _____

Receiving Public Assistance: Food Stamps/EAEDC/SSI/SSDI/DEA

Source of Income: _____ **Amount**: _____**Wk/Mo**_____

Describe Any Legal Issues Pending: _____

Probation:_____ **Which Court?** _____

Race: B W H AS **Marital Status**: S M D NM W **Highest Grade in school**: _____

Services Requested:

- ❑ Sober Housing Referral
- ❑ Emergency Housing
- ❑ Job Search/Workforce Development Assistance
- ❑ Benefits Assistance
- ❑ Mental Health Referral
- ❑ Substance Abuse Referral
- ❑ Domestic Violence Referral

Additional Information:

Please list any other waiting lists and/or describe outcomes of other referrals that may have been submitted. (Residential programs, Sober housing, Etc.)

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PLEASE USE ADDITIONAL PAPER IF NEEDED AND ATTACH TO REFERRAL

Please fax referral to (508) 753-2271 with **CORI release**, **release of information and** any available **Psych/Social** Assessment.

Thank you.