

Office-Use ONLY:

- Intentional Community
- Housing Innovations



**TOUCHSTONE**  
MENTAL HEALTH

## REFERRAL FOR COMMUNITY HOUSING SERVICES

Date of Referral:	
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### Information About the Person Wanting Services:

Name:	
Legal name:	
Date of Birth:	
Pronouns:	
Gender Identity:	
Legal Gender Marker:	
Race/s:	
Hispanic descent:	
Veteran Status:	
Address:	
Phone:	
Email:	
Communication Preference (call, text, Skype, email, etc.):	
Religious Preference:	
Language Preference/s:	
Do you need or want an interpreter?	
Social Security Number:	
MA Number: <b>(Required)</b>	
Do you have Medicare?	Circle one:    YES        NO

Sources of income:	
Which county administers your benefits?	
Mental health diagnoses:	

### Housing Information:

Are you currently experiencing homelessness?	Circle one: YES NO If yes, how long have you been experiencing homelessness?
Do you need help finding housing?	Circle one: YES NO
Do you have a housing subsidy?	Circle one: YES NO If yes, what subsidy is it?
Current living environment (circle)	Nursing facility Hospital Shelter Own apartment/home Homeless/unsheltered/no place of own to stay Board and Lodge, IRTS, or Residential Facility Other (explain):
Are you currently at risk of losing housing?	Circle one: YES NO If yes, please explain:

Is there anything that you would like to share that would be helpful for us to know when starting our work together?

Who would you like to have listed as your emergency contact?	
Name:	
Relationship:	
Phone Number:	

Who is the person submitting this referral (if not a self-referral)?

Name:	
Agency Name & Address	
Role:	
Phone Number:	
Email Address:	
Fax Number:	

Please note that a Release of Information (ROI) is required for anybody coordinating an intake on behalf of the person interested.

A blank ROI is included at the end of this referral document.

If you are the Waivered Case Manager, please submit a CSSP with this referral and ROI.

**The following questions are helpful for us to develop appropriate service plans with you. However, they are optional for you to complete.**

Recent Risk History (circle any that apply over the past 12 months)	
Self-injurious behavior	Drug/alcohol abuse
Aggressive/ violent behaviors	High medical needs
Medication non-compliance	Other (explain):

Program/Support needs identified (circle any that are needed):	
Nursing services	ILS services
Homemaking	Socialization
Recovery community	24-hour emergency phone counseling
Housing support services	Individual and family counseling

What are your talents, abilities, strengths, and skills?

What do you expect or hope that our services will provide?

Do you have any preferences for your worker (i.e., gender, language, competent in a certain subject, etc.)?

If looking for housing – what type of housing? What waitlists have already been pursued?

**If you would like us to coordinate services with any of the people below, please complete these sections:**

**Case Manager**

Name and Agency:

Contact Info:

**Therapist**

Name and Agency:

Contact Info:

**Psychiatrist**

Name and Agency:

Contact Info:

**Primary Care Provider**

Name and Agency:

Contact Info:

**In-Home Nursing**

Name and Agency:

Contact Info:

**PCA**

Name and Agency:

Contact Info:

<b>Housing Worker</b>	
Name and Agency:	
Contact Info:	

<b>Anyone Else Who Is Important</b>	
Name and Agency:	
Contact Info:	

## Optional Narrative Section

Our intake process asks some personal questions, and we understand that some of these topics can be hard to discuss in person. To accommodate this, we have provided space below for you to write about any or all of the topics that we typically cover in the intake.

None of these topics are required to be discussed during the intake process, so please note if you wish to not discuss any of these topics below.

Who are the people you are close to in your life? (any children, relationship history, marriage history, etc.)

Do you have a history of using substances? Do you currently use any substances? Have you ever been to treatment for substance use?

Have you experienced any physical or verbal abuse (current or past)?

Have you experienced any sexual abuse (current or past)?

Have you experienced any self-abuse or neglect (current or past)? Any suicidal ideation or attempts?

Do you have a history of violence or aggression towards others (current or past)?