



## RED OAK HOPE TRANSITIONAL HOUSING PROGRAM REFERRING AGENCY FORM

Name of person making referral: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Point of Contact Phone Number: \_\_\_\_\_

Point of Contact E-Mail Address: \_\_\_\_\_

What is your relationship with the person you are referring?

\_\_\_\_\_

### **Potential Client Information**

Client Name: \_\_\_\_\_ Client DOB: \_\_\_\_\_

Client Current Address: \_\_\_\_\_

Client Current Phone Number (s): \_\_\_\_\_

What are her current living conditions? Who is she staying with?

\_\_\_\_\_

Does she have children?                      YES                      NO

Do you have any concerns about her children being in the Transitional Housing Program home with other residents?                      YES                      NO

If yes, please explain:

\_\_\_\_\_

Is she pregnant?                      YES                      NO                      Due Date? \_\_\_\_\_

Is she incarcerated?                      YES                      NO

Is she in need of housing?                      YES                      NO

What is her general health condition?    EXCELLENT                      GOOD                      FAIR                      POOR

Do you believe she is currently using drugs or alcohol? YES NO

If yes, please elaborate if she has any plans for treatment:

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Do you believe she is a victim of Commercial Sexual Exploitation and/or Human Trafficking? YES NO

If yes, please explain why:

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**Overview**

Summary of time with Referring Agency: (please attach additional pages if needed)

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What are her immediate needs?

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Do you believe she is appropriate for a residential program such as ours? YES NO

Please share any risk factors that may make it challenging for the applicant to participate in the Transitional Housing Program and any strengths you have observed in your time with her:

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Do you have any additional information that would be helpful in determining if she would be a good fit for our program?

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Please submit to [application@redoakhope.org](mailto:application@redoakhope.org) or to the specific staff you may have spoken with.