



Transitional Housing Program Referral Form

A note to our referring partners: We appreciate that you are considering Red Oak Hope's Transitional Housing Program for your client. Your thoughtfulness and transparency when filling out this referral form will help determine if your client is ready to move forward with the application process. We rely on a collaborative process that involves both your discernment and ours when moving forward. Thank you for your mindful responses.

Your Information

Referring Person (Name): _____

Title: _____

Date of Referral: _____

Referring Agency: _____

Phone Number: _____

E-Mail Address: _____

What is your relationship to the person you are referring?

Information About Your Client

Legal Name

First: _____ Middle: _____ Last: _____

Other names used: _____

Date of birth: _____ Phone Number(s): _____

Current Address: _____

City: _____ State: _____ Zip: _____

This is a residential address:

☐ Yes ☐ No

Client resides with others:

☐ Yes ☐ No

If yes, who?

Information About Your Client Cont.

Client has children:

- ☐ Yes ☐ No

If yes, how many children? _____

****Note: Red Oak Hope will consider children up to age 9 to reside with client****

Do the children have any special needs or considerations (Examples: physical, behavioral, developmental)?

- ☐ Yes ☐ No

If yes, please explain:

Client is currently pregnant:

- ☐ Yes ☐ No

If yes, when is client's due date? _____

Client is currently incarcerated:

- ☐ Yes ☐ No

If yes, when is client's release date? _____

Based on your experience with this client, how would you characterize their overall wellness?

- ☐ Excellent ☐ Fair
☐ Good ☐ Poor

Please explain:

Do you believe this client is currently using/abusing drugs or alcohol?

- ☐ Yes ☐ No

If yes, is there a treatment plan in place?

Referring Agent's Summary

Red Oak Hope's Transitional Housing Program was established to provide safe and supportive housing to Survivors of Sexual Exploitation and/or Human Trafficking. In commitment to that mission, we feel strongly that only those with this type of lived experience enter the program.

I believe this client is a survivor of Commercial Sexual Exploitation and/or Human Trafficking and is an appropriate fit for the Red Oak Hope Transitional Housing Program:

☐ Yes ☐ No

Please explain:

Please summarize your time working with this client:

What do you think would help your client gain/maintain stability? Keep in mind these things might be in process or future oriented (Examples: benefits, access to mental health supports, job readiness, etc).

Describe any risk factors that may make it challenging for the applicant to participate in the THP.

Referring Agents Summary Cont.

Describe any strengths you have observed in your time with this client:

Do you have additional information that would be helpful in determining if your client is a good fit for this program? If so, please describe:

Please submit to application@redoakhope.org and a member of our staff will contact you to confirm receipt and provide further information on what to expect moving forward.