



# OWL360 SUPPORTIVE SERVICES HOUSING AND RESOURCE REFERRAL

The following page is designed to be completed with the help of the person referring to the potential participant for residential services at the OWL360 project. Please complete **all** sections of this page in order to help facilitate the intake process.

Also, please utilize the **Authorization to Release/Exchange Information** provided below with this referral packet in order to enable communication between OWL360 and the individual/agency helping to complete this referral. All Release of Information forms are optional and can be rescinded at any time.

## Referral Source

Referral Date	Referral Source (write "Self" if self-referred)	Contact Information for Referral Source

## Person Referred

Full Legal Name of Referred		Preferred Name	Date of Birth
Sex Assigned at Birth	Gender Identity		Preferred Pronouns
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Other:	<input type="checkbox"/> Woman <input type="checkbox"/> Two-Spirit <input type="checkbox"/> Man <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Transgender F <input type="checkbox"/> Prefer to self-define: <input type="checkbox"/> Transgender M <input type="checkbox"/> Non-Binary		<input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Other:
Racial/Ethnic Identity			
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White or Caucasian <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-define:	
Education	Employment		Other Income
<input type="checkbox"/> Completed High School <input type="checkbox"/> Earned G.E.D. <input type="checkbox"/> Currently Enrolled Last Grade Completed:  <input type="checkbox"/> College Degree and/or Credits	<input type="checkbox"/> Currently Unemployed <input type="checkbox"/> Currently Employed  Employer:		Other Income Sources:   Monthly Gross Income:
Marital Status	Name of Spouse (if applicable)	Name(s)/Age(s) of Children (if applicable)	

### Person referred - Contact Information

Phone #	E-mail Address	Mailing Address

- Note preferred method of communication

### Current Housing

<input type="checkbox"/> Homeless/Unsheltered <input type="checkbox"/> Shelter Program <input type="checkbox"/> Living in Vehicle <input type="checkbox"/> Sheltered in Residence <input type="checkbox"/> Temporary Shelter w/ Friends or Family <input type="checkbox"/> Facing eviction	Notes (Category 1-4) 1. Literally Homeless 2. Imminent Risk of Homelessness 3. Homeless Under Other Federal Statutes 4. Fleeing/Attempting to Flee Domestic Violence			
Have you previously qualified to receive housing subsidies through Coordinated Entry?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you working with other organizations? If so, which ones? List here:				
Are you willing to sign ROI for OWL360 to assist you? <input type="checkbox"/> YES <input type="checkbox"/> NO				

### Other Resources you may be seeking?

- ☐ Food
- ☐ Hygiene
- ☐ Legal
- ☐ Transportation
- ☐ Employment
- ☐ Education
- ☐ Health
- ☐ Substance Abuse
- ☐ Mental Health
- ☐ Documentation (DL, Birth Cert, Soc Security Card)
- ☐ Other: \_\_\_\_\_

### NOTES:



## ROI Form

### Authorization to Release/Exchange Information

Your right to confidentiality is protected by the OWL360 project in compliance with Federal and State statutes. Our staff is specifically prohibited from releasing your status as a client or potential client, or to release information about the services that you may receive through the OWL360 program to any person and/or agency without your express written consent. Authorized release of information is limited to the person/ facility listed below and pertains to communication by telephone, mail, or fax, unless otherwise indicated.

You may withdraw your consent at any time by presenting a written request to do so.

Date Completed	Name of Client	Date of Birth
Name of Person Authorized for Exchange	Name of Organization (if applicable)	
Relationship to Client	Phone Number	Fax Number
Address of Person/Organization		
Additional Information or Limits Regarding Information to be Released or Exchanged		
Information Authorized for Release will be used for the Following Purpose		

<input type="checkbox"/>	Authorization to Release Information	<input type="checkbox"/>	Authorization to Obtain Information	<input type="checkbox"/>	ROI expires 30 days after termination OR...	...ROI expires on this date:	
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### Acknowledgement and Signature

I acknowledge by my signature that my rights to confidentiality and the informed release of information have been explained to me. I further agree that if the requested information includes any reference(s) to alcohol, drugs, psychiatric evaluations, STDs, or HIV diagnosis or treatment, this consent specifically includes and requests the release of such information.

PLEASE NOTE: A copy or fax shall be considered valid in lieu of the original signature as pertains to this form.

Printed Name of Client	Signature of Client	Date
Printed Name of Witness	Signature of Witness	Date