



OWL360 SUPPORTIVE SERVICES HOUSING AND RESOURCE REFERRAL

The following pages are designed to be completed with the help of the person referring the potential participant for resource navigation and/or residential services at OWL360. Please complete **all** sections of these pages in order to help facilitate the intake process.

Also, please utilize the **Authorization to Release/Exchange Information (ROI)** provided below (pages 4&5) with this referral packet in order to enable communication between OWL360 and the individual/agency helping to complete this referral.

All Release of Information (ROI) forms are optional and can be rescinded at any time.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		Social Security Number	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:	Woman <input type="checkbox"/> Man <input type="checkbox"/> Two-Spirit <input type="checkbox"/> Transgender F <input type="checkbox"/> Transgender M <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer to self-define: <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>	<input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <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"/> Hispanic/Latinx <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-define:	

Education		Employment	
<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 Employed <input type="checkbox"/> W-2 <input type="checkbox"/> Cash Job <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Other _____	
		Other Income Sources: Monthly Gross Income:	
Your Monthly Rent Budget \$	Name of Spouse/Partner (if applicable)	Name(s)/Age(s) of Children (if applicable)	

Person referred - Contact Information

Phone #	E-mail Address	Mailing

- 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 <input type="checkbox"/> Other:	Optional: (Category 1-4) - circle one if applicable 1. Literally Homeless (<i>for example: homeless shelter, car or tent, or couch surfing</i>) 2. Imminent Risk of Homelessness (<i>for example: eviction</i>) 3. Homeless Under Other Federal Statutes (<i>for example: McKinney Vento</i>) 4. Fleeing/Attempting to Flee Domestic Violence
<p>Have you previously qualified to receive housing subsidies through Coordinated Entry? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Are you working with other organizations? If so, which ones? List here: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Are you willing to sign ROI for OWL360 to assist you? (see page 4) <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

(OPTIONAL) Which health or social health needs are you seeking support with? Select all that apply

- ☐ Childcare
- ☐ Communication (phone, internet, computer)
- ☐ Education
- ☐ Disability care
- ☐ Employment
- ☐ Financial instability
- ☐ Food access
- ☐ Housing – long-term
- ☐ Housing - improvement (e.g. mold removal, ramp access, weatherization, etc.)
- ☐ Housing - temporary/supportive
- ☐ Legal assistance
- ☐ Personal/household items
- ☐ Safety - home or environment
- ☐ Safety - violence or abuse
- ☐ Social/community connection
- ☐ Transgender Navigation / Health supports
- ☐ Transportation
- ☐ Utilities
- ☐ Birthing/doula/prenatal
- ☐ COVID-19 (current or long-COVID symptoms)
- ☐ Dental
- ☐ Health insurance
- ☐ Healthy eating
- ☐ Hospice / end of life
- ☐ Medications
- ☐ Mental health
- ☐ Mobility / activities of daily living
- ☐ Physical activity
- ☐ Primary care
- ☐ Smoking/tobacco use
- ☐ Specialty Care
- ☐ Substance use disorder
- ☐ Vision
- ☐ Documentation (DL, Birth Cert, Soc Security Card)
- ☐ Other: _____

NOTES:

Official use only:

☐ *Olympic Connect Consent*

* Revised 1/2025



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(s) Authorized for Exchange	Name of Organization (if applicable)	
	<input type="checkbox"/> YMCA <input type="checkbox"/> Bayside Housing & Services <input type="checkbox"/> OlyCAP <input type="checkbox"/> DoveHouse <input type="checkbox"/> Olympic Housing Authority <input type="checkbox"/> Olympic Connect <input type="checkbox"/> Olympic Angels <input type="checkbox"/> School District (Name): _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	
Relationship to Client	Email(s)	Phone Number(s)

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...	<input type="checkbox"/>	...ROI expires on this date:

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/Guardian	Signature of Witness/Guardian	Date