



**P I O N E E R**  
HUMAN SERVICES  
A CHANCE FOR CHANGE

# Phoenix Transitional Housing Program

703 E. Hartson Spokane, WA 99202 | Telephone: (509) 232-7081

## Referral Form

REFERRAL INFORMATION TO BE SENT BY PRIMARY CASE MANAGER/CLINICIAN RESPONSIBLE:

Today's Date: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M F Social Security Number: \_\_\_\_\_

Driver's License / ID Number & State Issued: \_\_\_\_\_

Referring Agency: \_\_\_\_\_ Contact Person/Phone: \_\_\_\_\_

Currently residing: ESH/ APU/ E&T Other: \_\_\_\_\_ Release Date: \_\_\_\_\_

Enrolled with (circle all that apply): HARPS/ SLP/ 5177 Previous Participant? Yes No When: \_\_\_\_\_

Source of Income: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_ Payee: \_\_\_\_\_

Case Manager/Clinician Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

LRA: Yes No Legal Supervision: Yes No If yes, CCO/PO Name/Phone: \_\_\_\_\_

Do you have an assistance animal: Yes No Any Reasonable Accommodation Requests: Yes No

Do you have a cohabitant or children living with you? Yes No (If yes, list names and DOB below)

Have you ever been convicted of a crime: Yes No If yes, please list conviction, date, and state.  
(Active warrants may need to be resolved before admission. )

In compliance with the Fair Credit reporting act, we are informing you that information as to your character, general reputation and mode of living will be verified. I, as the prospective participant, agree that the facts set forth in this application are true and complete, and that a complete investigation of all on this application will not constitute invasion of privacy. I authorize LPS Inc. to obtain credit reports, criminal reports, evictions search, and/or character reports as necessary. I authorize my references to release such information as necessary. LPS Inc. has my permission to release information found in screening. I understand that any misrepresentations will be sufficient cause for dismissal or voiding of this application. False, fraudulent or misleading information may be grounds for denial of admission, or subsequent eviction. You have the right to dispute the accuracy of the information reported, and upon written request, the right to obtain a copy of any and all reports. Direct inquiries to: LPS Inc. 16625 Redmond Way, PMB #M-446, Redmond, WA 98052. 1-800-577-8282

Signed \_\_\_\_\_ Dated \_\_\_\_\_  
Applicant

**Phoenix Transitional Housing Program is a drug and weapons free transitional housing program. Background checks are run on all potential participants over the age of 18. Some convictions will disqualify applicants from entering the program.**

**Please note that prior to admission, a Crisis Plan must be provided by the Case Manager/Clinician.**

**Please Fax all of the above to: (509) 232-7085**

Revised December 2017