Pioneer Transitions House
Referral Form
Voice: 360-336-0116
Fax: 360-336-0117

Pioneer Transitions House is a recovery based program to address barriers to permanent housing. As part of our program, all clients who participate will have individual goals and requirements.

The basic rules and program expectations are: pay your program fees, complete basic daily chores, and participate in community living. Threats or acts of violence are not allowed, and drug/alcohol use (ON or OFF premises). Clients are required to participate in Mental Health or Chemical Dependency treatment, whichever may apply.

Pioneer Transitions House is an eight (8) bed transitional program. Residency is month to month with a maximum stay of six (6) months. Each resident will have a service plan that articulates their commitment to address their housing barriers.

Case manager of referring agency: ________________________________

Agency: ___________________________________________________________________________________________________________

Phone: __________________________ Fax: ______________________________

Email: __________________________________________________________________________________________________________

When will your referral be available to start residency?

Name of referral: ______________________________________________________

Date of availability: _____/_____/_____

Please tell us about your referral:

Housing history: ______________________________________________________________________________________________________

Entitlements: ______________________________________________________________________________________________________
Debt/Evictions/Money Management:
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Basic Needs (transportation, food, clothing, etc.):
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Legal (criminal history, immigration status):
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Mental Health:
_________________________________________________________________________________________________

Substance Use/Chemical Dependency:
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Financial:
_________________________________________________________________________________________________

Basic Life Skills:
_________________________________________________________________________________________________

Cultural/Linguistic Barriers:
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Medical/Clinical:
_________________________________________________________________________________________________

Personal Support System:
_________________________________________________________________________________________________