



Phoenix Transitional Housing Program

703 E. Hartson Spokane, WA 99202

Telephone: (509) 232-7081

Fax: (509) 232-7085

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

Referral Form

Today's Date: _____ Person Making Referral: _____ Phone: _____

Client Name: First: _____ Middle: _____ Last: _____

Date of Birth: _____ Sex: M F Social Security Number: _____

Client Phone: _____ Message Phone: _____

Driver's License / ID Number & State Issued: _____ (Provide copy if available)

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 clients from entering the program.

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 (Client)

Current Housing:

<input type="checkbox"/> Currently Inpatient	Location: _____	Since: _____	Discharge date: _____
<input type="checkbox"/> Currently Housed	Location: _____	Since: _____	Reason for leaving: _____

Currently Enrolled in:

<input type="checkbox"/> Behavioral Health	Agency: _____	Provider Name: _____	Provider Phone: _____
<input type="checkbox"/> SUD	Agency: _____	Provider Name: _____	Provider Phone: _____
<input type="checkbox"/> Housing Specialist	Agency: _____	Provider Name: _____	Provider Phone: _____
<input type="checkbox"/> Legal Supervision	Agency: _____	Provider Name: _____	Provider Phone: _____

Medical Insurance:

Medicare Medicaid Other:

Court Involvement (check all that apply):

5177 LRA MH Court Other: _____

Inpatient History (past 6mo):

SUD Mental Health Hospital Jail

Financial:

Income Source: _____	Monthly Amount: _____	Employer (If applicable): _____	Employed Since: _____
----------------------	-----------------------	---------------------------------	-----------------------

Reasonable Accommodation Request(s):

<input type="checkbox"/> Cohabitant	Name: _____	DOB: _____	Relationship (type & length): _____
<input type="checkbox"/> Minor Child(ren)	Name: _____	DOB: _____	
	Name: _____	DOB: _____	
<input type="checkbox"/> Assistance Animal	Type: _____		
<input type="checkbox"/> Other Request(s):	Specify: _____	Specify: _____	

Notes or additional information related to coordination of client care:

Crisis Plan, treatment plan, and reasonable accommodation documents must be provided by the Behavioral Health Agency before admission.