

**EXODUS HOUSING
AGENCY/SHELTER REFERRAL**

Return completed form via fax: (253) 826-2169
Or by mail: P.O. Box 1006, Sumner, WA 98390

Exodus Housing provides transitional housing, supportive services and volunteer mentorship to families who are homeless. Families receive up to twenty months of housing and services to support their transition from homelessness to permanent housing. **For those families impacted by domestic violence this is *not* a confidential program.** All efforts including thorough safety planning will be made to keep resident families as safe as possible, but families in need of confidential services will be assisted to find housing in other, more appropriate programs.

Applicant Name _____ Date _____

Birth Date _____ SS# _____ Phone/Msg# _____

<u>Children(s) Name</u>	<u>Birth Date</u>	<u>Gender</u>
1. _____		
2. _____		
3. _____		

Does this family have any other children who will NOT be residing with them? YES NO

If YES, please explain and identify children: _____

<u>Children(s) Name</u>	<u>Birth Date</u>	<u>Gender</u>
1. _____		
2. _____		
3. _____		

Referral Information

Agency/Shelter Name: _____

Staff Person Making Referral _____ Phone# _____

How long has this family been in your shelter or involved with your agency? _____

When must they leave? _____

When and how did the family become homeless? _____

What was their last permanent address? _____

Are they currently working toward specific goals with your program? If so, please list.

What program services has the family received? _____

Has the family broken any shelter/agency rules? YES NO

If yes, please explain: _____

Have required meetings been attended regularly? YES NO

If no, please explain: _____

What would you consider to be the family's primary needs at this time?

Please describe the family's strengths.

Characterize the family's relationship to the staff. _____

If your agency provides housing/shelter, how would you describe the condition of the family's space during their stay?

Excellent Good Fair Poor

Comments: _____

Is the client currently employed? YES NO

If yes, please describe _____

If no, please describe any plans the family may have for employment _____

Does the client have any other source of income? YES NO

If yes, please describe _____

How would you describe the client's parenting skills? _____

Are you aware of any CPS involvement with the family? YES NO

If yes, please describe _____

Are you aware of history of drug or alcohol abuse? YES NO

If yes, please describe chemical dependency history and any treatment services received _____

Are you aware of any past criminal history (including arrests) or other legal concerns? YES NO

If yes, please describe _____

Please describe any significant mental or physical health issues that we should be aware of _____

Are you aware of any significant issues with client's children including, but not limited to, mental or physical health, criminal or legal issues, and substance abuse?

If yes, please describe _____

Are you aware of any domestic violence in the family? YES NO

If yes, please explain _____

If yes, please also answer the following questions:

Name of abuser _____ Relationship to client _____

Location of abuser (and address, if available) _____

Is an abuser a continuing threat to the family? YES NO

If yes, please explain _____

Do you feel this family requires confidential services to remain safe? YES NO

Does the client have a domestic violence protection or anti-harassment order? YES NO

If yes, please give details about court order _____

Has the abuser made any effort to contact the family while in your program? YES NO

If yes, when was their last contact? _____

Has the family received any domestic violence supportive services while in your program? YES NO

If yes, please describe _____

Has the family developed and maintained a safety plan while in your program? YES NO

If yes, please describe _____

***Thank you for completing this referral form. If you have any questions or problems faxing,
please contact Exodus Housing at (253) 862-6808.***