

Homeless Outreach Stabilization Transition (HOST)

Initial Referral

HOST Initial referral form is for the first encounter prior to HOST Supervisor to approve client into HOST Program. Once Completed please **Email to** HOST Referral e-mail at HOSTEnrollment@FBHWA.onmicrosoft.com.

- Person appears to be experiencing pervasive and persistent symptoms of known or unknown substance use and/or mental illness**
- Person is not receiving services with another agency.** Host cannot register an individual who is already registered with another agency. Exceptions include individuals who are unable to engage with their current mental health provider and/or if the individual is scheduled to be exited soon (please provide current case manager's name & phone number.)
- Person is currently homeless**

REFERRAL SOURCE INFORMATION:

Referring Agency/Individual:		Date of Referral:	
Phone Number:		Email:	

ADDITIONAL CONTACTS:

Name:		Phone/Email:	
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REFERRED INDIVIDUAL'S INFORMATION:

Referred Individuals Name:		Date of Birth or Estimated Age:	
Served in the Military:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number (If known):	

Location (where the referred individual can be found, include date/time. If known: If in a facility, include d/c date):

Primary Reason for Referral (include any mental health symptoms you have observed and why traditional services have been/would be unsuccessful):

Physical Description (i.e estimated weight, height, race, gender, hair, color/style, clothing, notable belongings (i.e. red backpack..) and other identifying features):

Outreach/Engagement Strategies (i.e "this person likes soda", "this person likes to talk about jewelry"):



REFERRED INDIVIDUAL'S CLINICAL HISTORY (IF KNOWN):

Mental Health History (Include past and current diagnosis):	Substance Use History (Include past and current substance use):
Risk Assessment (Include Assault History, criminal history, current or past Suicidal or Homicidal ideation or behavior):	Current Funding & Income (Include pending application & Medicaid status):