# TRINITEE REFUGE GROUP
# INDEPENDENT LIVING SHARED HOUSING
# RESIDENT REFERRAL FORM

For Case Managers, Social Workers & Referral Partners

Thank you for referring an individual to Trinitee Refuge Group Independent Living Shared Housing. Please complete the information below so our team can determine whether the applicant may be a good fit for our shared-living environment.

## 1. REFERRAL INFORMATION

Date of Referral: _____ Referred By: _____

Title/Position: _____ Agency/Organization: _____

Phone: _____ Email: _____

Preferred contact: ■ Phone ■ Email ■ Either

## 2. PROSPECTIVE RESIDENT INFORMATION

Full Name: _____ Preferred Name: _____

Date of Birth: _____ Phone: _____

Email: _____

Current Address: _____

_____

City: _____ State: _____ ZIP: _____

**Current Housing Situation:** ■ Stable housing ■ Staying with family/friends ■ Temporary housing ■ Shelter ■ Transitional housing/program ■ Other: _____

**Reason for seeking independent/shared housing:**

_____

_____

## 3. EMPLOYMENT / INCOME

**Current Status:** ■ Employed ■ Seeking employment ■ Student ■ Vocational/training program ■ Other: _____

**Current source(s) of income:** ■ Employment ■ SSI/SSDI ■ Benefits/public assistance ■ Family/support ■ Other: _____

**Approximate monthly income:** $_____ **Able to meet required housing cost?** ■ Yes ■ No ■ Unknown / discuss

## 4. INDEPENDENT-LIVING SKILLS

| Skill | Independent | Needs Assistance |
|---|---|---|
| Personal hygiene | ■ | ■ |
| Laundry | ■ | ■ |
| Cleaning/housekeeping | ■ | ■ |
| Meal preparation | ■ | ■ |
| Grocery shopping | ■ | ■ |
| Transportation | ■ | ■ |
| Managing appointments | ■ | ■ |
| Managing personal finances | ■ | ■ |
| Following house rules/schedules | ■ | ■ |

**Areas of independent living the applicant is working to improve:**

_____

_____

## 5. SHARED-HOUSING COMPATIBILITY

**Respect roommates and shared spaces?** ■ Yes ■ No ■ Unsure

**Follow house rules and reasonable household expectations?** ■ Yes ■ No ■ Unsure

**Maintain personal cleanliness and housekeeping responsibilities?** ■ Yes ■ No ■ Unsure

**Communicate appropriately with others?** ■ Yes ■ No ■ Unsure

**Resolve disagreements appropriately or accept assistance with conflict resolution?** ■ Yes ■ No ■ Unsure

## 6. CURRENT SERVICES & SUPPORTS

**Is the applicant currently receiving services?** ■ Yes ■ No

If yes, please briefly describe:

_____
_____

Case Manager/Support Professional: _____ Agency: _____

Phone: _____ Email: _____

## 7. APPLICANT GOALS

■ Maintain stable housing ■ Obtain/maintain employment ■ Education/training ■ Improve independent-living skills
■ Improve financial stability ■ Transition to permanent housing ■ Other: _____

**Please briefly describe the applicant's goals:**

_____
_____

## 8. REFERRAL NOTES

**Why do you believe this applicant would be a good fit for our shared independent-living home?**

_____
_____
_____

**Is there anything our program should know when reviewing this referral?**

_____
_____

## 9. REFERRAL CHECKLIST

■ Resident application/qualification form ■ Identification ■ Proof of income ■ Employment information
■ Current service/support information ■ Other: _____

## 10. REFERRAL CONFIRMATION

By submitting this referral, I understand that this form is a referral and does not guarantee acceptance or placement. Final eligibility and placement are determined by Trinitee Refuge Group Independent Living Shared Housing based on program requirements, availability, and applicable laws.

Case Manager/Referrer Signature: _____ Date: _____

## FOR PROGRAM USE ONLY

Date Received: _____ Reviewed By: _____

**Referral Status:** ■ Approved for next step ■ Interview requested ■ Additional information needed ■ Waitlist ■ Not eligible at this time ■ Other: _____

**Interview Date:** _____

**Notes:**

_____
_____