



## HRT Referral Screening

<b>Referring Agency</b>		<b>Contact Information</b>	
<b>Date of Referral</b>		<b>ROI Signed</b>	
<i>Would you like follow up regarding this referral? (Y/N):</i>			
<i>Reason for referral? Please list:</i>			
<i>Please list any agencies client is working with:</i>			
<b>Client Information</b>			
<b>Client Name (Alias):</b>		<b>Date of Birth</b>	
<b>Contact Information</b>	<b>Phone</b>		
	<b>Email</b>		
	<b>Other</b>		
<b>County (Circle One)</b>			
<b>Current Living Situation (Please select)</b>			
<b>Household size</b>			
<b>Identified Needs (Select all that apply)</b>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">Food</div> <div style="width: 33%;">Medical</div> <div style="width: 33%;">Housing</div> <div style="width: 33%;">Treatment (SU, MH/BH needs)</div> <div style="width: 33%;">Childcare</div> <div style="width: 33%;">Employment</div> <div style="width: 33%;">Transportation</div> <div style="width: 33%;">Legal</div> <div style="width: 100%;">Other: (Please list)</div> </div>		
<b>Demographic Status (Select all that apply)</b>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">Veteran</div> <div style="width: 33%;">Domestic Violence</div> <div style="width: 33%;">Substance Use</div> <div style="width: 33%;">TBI/IDD</div> <div style="width: 33%;">Physical Health</div> <div style="width: 33%;">Youth</div> <div style="width: 33%;">Mental/Behavioral Health</div> <div style="width: 33%;">Aging</div> </div>		
<b>Additional Comments</b>			

Once completed, please email this form to the Homelessness Response Team at [homelessresponse@wpcog.org](mailto:homelessresponse@wpcog.org) and a member of our team will be in touch.  
Please ensure all ROIs are completed prior Thank you for reaching out.