**General Intake & Referral Form**

Complete the following form if you have expressed interest in Grace Place The following information is confidential. To qualify for our men and women’s long-term housing program, an individual must have completed a SPDAT by dialing 2-1-1, be a single individual with no dependents, and qualify as long-term homeless. Completing this form does not guarantee housing with Grace Place. Please submit completed form to one of the following contacts via mail, fax, or email, and a staff member will follow up with you shortly.

All the information provided below is confidential. This means that Grace Place cannot disclose your personal information to others without your consent. The information collected is intended for staff use only to be used as a means to provide the best support. Due to the high volume of referrals, Grace Place operates on a first come first serve basis with a preference given to individuals transitioning from prison, jail, or treatment.

Grace Place

414 W Superior St Duluth, MN 55802

Fax: (218) 481-7255

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| --- | --- | --- |
| **October Allen**  Executive Director | Phone:  (218) 341-4699 | Email: [october@graceplacehousingsupport.com](mailto:october@graceplacehousingsupport.com) |
| **Rachel Nelson**  Case Manager | Phone:  (720) 619-1334 | Email:  [rachel@graceplacehousingsupport.com](mailto:rachel@graceplacehousingsupport.com) |

**Demographics:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Name: \_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Managed Care Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Veteran Status: Y / N

**Education:**

* Highschool Diploma or GED
* Some College
* Associates
* Bachelor’s
* Master’s degree or higher
* None of the above
* I prefer not to answer

**Please answer the following questions:**

1. Do you have income? If yes, what is the source?
2. Have you completed a SPDAT by dialing 2-1-1?
3. Are you willing to live with others?
4. Can you live independently (follow house rules, pay rent, clean, communicate, etc)?
5. Please describe any legal involvement.
6. Are you coming out of jail/prison?
7. Please provide your probation/parole officers contact information.
8. Are you coming out of treatment? If yes, what is your personal sobriety date?

5. Have you ever been diagnosed with any of the following

\_\_Chemical Dependency \_\_Mental Illness \_\_Traumatic Brain Injury

\_\_ Learning Disability \_\_Physical Disability

1. Are you single with no dependents?
2. Do you need any accommodations?

**Referring Agency Use Only**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer the following questions:**

1. Did the client score an 8 or higher on the SPDAT?

2. Does the client have any barriers to maintaining housing?

3. Does the client need any accommodations?

4. Please identify current services your client is utilizing.

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Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Agency Signature Date