

New Haven Inn (NHI) Program Referral

LGBTQ+ Friendly Environment – (Ages 18+)

Phone: 650 533-9299

Referral is to be completed by case manager/health care professional. The information below is used for screening purposes only and does not bar an individual from entry. Referrals are held for 30 days. Incomplete referrals will remain pending, please fill in all blanks. Email referral to NHI@lifemoves.org.

To create a safer, warm, and welcoming program, NHI supports individuals however they self-identify and in all stages of sobriety/recovery.

Legal Name: _____ DOB: _____ Gender: _____
Last First MI

Name (if different from legal): _____ Pronouns: _____

Does client identify as part of the LGBTQIAPN+ community, or are they questioning identifying as such: YES NO

Phone Number: _____ Last 4 Digits SSN: _____ Primary Language: _____

Name/Agency of Referrer: _____ Relation to Client: _____

HOUSING MOVES:

Has client received services at LifeMoves (formerly InnVision Shelter Network) in the past 3 years? YES NO

Where did client sleep last night?: _____

Does client have a conviction history? YES NO

If YES, list convictions and dates here: _____

Does client have any legal issues that may require them to report to probation/parole? _____

If applicable, please give probation/parole officer's name & number: _____

Do we have permission to contact probation/parole officer? YES NO

BEHAVIORAL/PHYSICAL HEALTH INFORMATION:

Has client ever been diagnosed with a mental health condition? YES NO

If YES, what is/was client's diagnosis? _____

Has client ever experienced thoughts of suicide? YES NO

Has client ever been under the care of a psychiatrist or mental health treatment team? YES NO

If YES, please list name & number: _____

Please describe current psychiatric symptoms client is experiencing:

Does client take any medication(s)? YES NO If so, please list below (include any over the counter medications):

Is client able to take medication(s) without reminders? YES NO N/A

Can client climb to a top bunk without assistance? YES NO Can client climb stairs without assistance? YES NO

Does client need assistance with daily living skills (ADL's such as bathing, eating, and taking personal medications etc.)?

Does the client have any chronic health conditions we need to be aware of?:

RECOVERY MOVES:

Is client currently receiving or interested in recovery services? YES NO

I acknowledge the above information is completed to the best of my knowledge. I expressly authorize the above information to be utilized for the purposes of determining client's eligibility at New Haven Inn.

Referrer's Signature (Case Manager or Health Care Professional) **Date**

Participant Signature **Date**

For Office Use Only:

Pending:

Approved: YES NO

Approved By: _____ Date: _____