

ALL REFERRALS MUST INCLUDE DOCUMENTATION

DESHON PLACE I/II and Franklin Court - REFERRAL INFORMATION SHEET

325 New Castle Rd., Butler, PA 16001 Phone: 724-285-2753 Fax: 724-285-2754

Name: _____ SS#: _____ - _____ - _____ D.O.B.: _____ / _____ / _____

Butler County Resident for the past 30 days? Yes or No How long? _____ Veteran? Yes or No

Monthly Income: \$ _____ .00/month * Include Verification with referral *

SOURCE (circle all that apply): SSI / SSDI / Cash Assistance / Service Connected: _____ % / Other: _____

How can this person be contacted? _____

Referring Agency: _____ Phone: _____ - _____ - _____ Ext. _____

Contact Name: _____ Role of referring agent: _____ Will this role be ongoing? Yes or No

Date client entered current inpatient institution (if applicable): _____ / _____ / _____

Expected Discharge Date from inpatient facility: _____ / _____ / _____ Facility Name: _____

Eviction: Date to vacate property: _____ / _____ / _____ *Include a copy of the legal eviction

Medical Concerns: _____

Mental Health issues: _____

Drug/Alcohol issues: _____

Criminal Record:

Criminal Record: _____

Felony: _____

Misdemeanor: _____

DUI/DWI: (dates) _____

Is this person currently living in any of the following conditions? # _____ (Call 724-285-2753 to get required documentation information)

- 1. In a place not meant for human habitation, such as cars, parks and abandoned buildings (Street); or
- 2. In an emergency shelter; or
- 3. In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters; or
- 4. In any of the above places, but spending a short time (up to 30 consecutive days) in a hospital or other institution; or
- 5. Is being evicted within a week from any private dwelling unit and no subsequent residence has been identified and the person lacks the resources and the support networks needed to obtain housing; or
- 6. Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and the person lacks the resources and the support networks needed to obtain housing; or
- 7. Is fleeing a domestic violence housing situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.

Chronically Homeless (able to document): (Franklin Court Requirement)

- Individual with disabling condition; and one of the following:
- Continuously homeless for a year or longer; Have had at least four episodes of homelessness in the past three years
- or

Ineligible:

- Currently in housing Being discharged from an institution, which is required to provide or arrange housing upon release
- Currently incarcerated
- Living with friends or relatives
- Living in a Board and Care, Adult Congregate Living Facility, or similar place

Provide written statement to document efforts to obtain housing and why, without Homeless Programming, the participant would be living on the street. (Signed and dated by client and staff)

Your signature indicates that the information is accurate and true to the best of your knowledge and you certify that the services will be going to a homeless person as described above.

PLEASE DO NOT HAVE CLIENT SIGN, ONLY REFERRAL AGENT.

Signature of referral agent: _____ Date: _____ / _____ / _____

*****DO NOT WRITE PAST THIS LINE*****

Date of interview at DP: _____ / _____ / _____

Date moved into DP/DPII/FC: _____ / _____ / _____

Date of Urinalysis: _____ / _____ / _____

Date Certified Chronically Homeless: _____ / _____ / _____

Date Certified Homeless: _____ / _____ / _____

Upon completion of the referral form please make sure of the following:

- Signature of Referring AGENT
- A written description of other efforts to find housing is complete
- Condition of Homelessness (1-5) is identified
- All other information is complete and true to the best of your ability
- Attach any documentation to support the claim of homeless status
- Fax referral to 724-285-2754
- A case manager will contact the client referred within 5 business days
- Please explain to the client that this is **NOT emergency shelter** care and that availability is dependent upon vacancy. This means that a **waiting period is likely** for any application. Also explain that participants are required to participate in the Homeless Program and that it is not a stand-alone housing option.

Some Eligibility Criteria for Homeless Programming

- Referral from an Agency
- Single Occupant ONLY
- Age 18-62 years-old
- Homeless as defined by HUD standards
 - Resides in a place not meant for human habitation
 - In an emergency shelter
 - In transition or supportive housing for homeless persons
 - Being evicted or discharged within a week
 - Being discharged within a week from an institution where resident has resided for 30+ consecutive days and no subsequent residence has been identified and he/she lacks the support networks and resources to obtain housing
- Chronically Homeless as defined by HUD Standards
 - An unaccompanied homeless individual with a disabling condition has been continuously homeless for a year or more, or;
 - An unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years
- In an emergency shelter
- A Butler Resident for past 30+ days
- Free of drugs and/or alcohol use for a minimum of 60+ days prior to admission
- Agree to abstain from any drug and/or alcohol use during participation in Homeless Programming
- Actively participate in case management, service planning, life skills, employment training and mental health and/or drug/alcohol treatment programs as per service plan
- Follow all program rules and guidelines
- Must wait 30-days before applying to Homeless Programming after an unsuccessful completion of another residential/treatment program
- Rent is approximately 30% of gross monthly income (minimum \$50/month)
- \$99 deposit on apartment
- Actively participate in any combination of the following for a **minimum** of 20 hours per week:
 - Employment
 - Continued education
 - Employment training
 - Volunteering