

Housing Outreach Referral Form

Homeless individuals over 50

CLIENT NAME:

CLIENT CONTACT INFO:

WHO'S REFERRING:

CLIENT SHELTER AFFILIATION:

CONTACT AT SHELTER:

DATE OF REFERRAL:

CONTACT/EMAIL:

CONTACT/EMAIL:

OTHER AGENCIES/SUPPORTS INVOLVED AND CONTACT INFO IF KNOWN:

HOUSING:

HEALTH:

BEHAVIORAL HEALTH:

OTHER:

CLIENT INFORMATION

DATE OF BIRTH:

SSN:

GENDER:

INCOME SOURCE AND MONTHLY AMOUNT:

HEALTH INSURANCE:

RACE:

ETHNICITY:

PRIMARY LANGUAGE:

KNOWN MEDICAL, BEHAVIORAL, OR LEGAL ISSUES?

PLEASE DESCRIBE CLIENT'S CURRENT SITUATION:

PLEASE PROVIDE THE FOLLOWING:

- RELEASE (ATTACHED)
- HOMELESS VERIFICATION (IF APPLICABLE)
- HOUSING HISTORY WORKSHEET
- DOCUMENT CHECKLIST

HEARTH USE ONLY

DATE:

CASE MGR ASSIGNED:

NOTES:

DR. LATANYA N. WRIGHT, Ed.D.
DIRECTOR OF OUTREACH
LWRIGHT@HEARTH-HOME.ORG
PH: 617-369-1559
FAX: 617-369-1566

RELEASE OF INFORMATION

I, _____, D.O.B. _____
of _____ (city, town, state), request information to be released
to and from members of Hearth's Outreach Team for the purpose of my housing
advocacy and case management services. This information can be shared between
Hearth and the following:

Person (if applicable)	Agency	Contact Info

I specifically authorize information regarding any substance abuse, mental health, or HIV status that may pertain to me to be shared between the above agencies for the purpose of my housing advocacy and/or case management.

Initial after reading the following _____

I understand that my records are protected under the Federal Regulations governing Confidentiality and cannot be disclosed without my written consent unless otherwise provided for in the regulations . I also understand that it is my right to revoke this consent at any time except to the extent that action has been taken on it, and that in any event this consent expires when the purpose for which it was granted has been completed and or **90 days has passed**. I further understand that Federal Regulations prohibit the above named person or agency from making further disclosure without my specific written consent, or as otherwise permitted by such regulations.

I do hereby release Hearth and/or other agencies or persons named above from all liability and all claims pertaining to the disclosure of this information.

I understand that this information will be shared in a confidential manner and **will expire 1 year after the signing date.**

Client signature: _____ Date: _____

Witness signature: _____ Date: _____

Please Return to Hearth