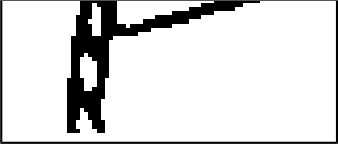


HUNTINGTON CITY MISSION
REFERRAL
PHONE: (304) 523-0293 FAX: (304) 523-0342

All referrals must be submitted by 5 p.m. on Friday, any referral made after 5 p.m. will be processed the next business day.
Submission of referral does not guarantee admission. The Huntington City Mission reserves the right to deny admission for our services at our sole discretion. HCM Department Coordinators will confirm by phone the acceptance of any referred client.



9a.m. and 2p.m. Monday through Friday, any referral made after 5 p.m. will be processed the next business day.
The Huntington City Mission reserves the right to deny admission for our services at our sole discretion. HCM Department Coordinators will confirm by phone the acceptance of any referred client.

Client Name: _____ Date: _____

Date of Birth: _____

Referring Agency/Phone #: _____

Form Completed By: _____

Guardianship Status: _____

Previous Living Arrangements: _____

Previous Address: _____

Reason for Homelessness: _____

Has client stayed at HCM in the past? No Yes When? _____

Does client have any income? No Yes

Is client a registered Sexual Offender? No Yes

Does client have open CPS case? No Yes

If Yes, Workers Name: _____

Criminal History:

Is client on probation/parole? No Yes
If yes, officer's name/county/state: _____

Discharge Information

Discharge Type: _____ TOP: yes _____ no _____ Expires _____

Diagnosis: _____

Current Behaviors: _____

Medication: _____

CES Assigned Yes ___ No ___ Name _____ Contact # _____

2 weeks medication provided at discharge? (Required) _____ No _____ Yes

Transportation for follow up appointments scheduled? _____ No _____ Yes

Takes medication without assistance? _____ No _____ Yes

Employed _____ No _____ Yes

Adaptive Living Skills

Independently climb 2 flights of stairs? _____ No _____ Yes

Independently maintain Personal Hygiene daily? _____ No _____ Yes

Independently complete cleaning tasks daily? _____ No _____ Yes

Independently keep sleeping area clean/neat daily? _____ No _____ Yes

HCM STAFF ONLY

Referral _____ Accepted _____ Denied _____

Referring Agency Fax # _____ Location/Agency _____

HCM Staff Signature _____ Date _____

Reason Denied _____

