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

All referrals must be submitted between the hours of 9a.m. and 2p.m. Monday thru Friday, any referral made after this time will be addressed 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.

HCM Requirements

- All Referrals must be able to obtain employment/training of some sort.
- All Referrals must understand that they will be required to turn in 10 job contacts/search weekly.
- All Referrals must understand that there is a Program Participation Fee (PPF) of 30% of gross monthly income not to exceed $200.00/voucher/2 hour's service assignment daily.
- Failure to adhere to above mentioned procedures will result in immediate discharge.

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 _____