

ALL IN: CASE REFERRAL FORM

Thank you for referring a case for conferencing at the All In meetings! This form is meant to give the facilitators a preliminary understanding of the situation and the barriers to housing the person you're referring has. If you have any questions, please email all.in@rihomeless.org.

If you prefer, you can access the digital version here: <http://bit.ly/allinreferral>

Client's HMIS number: _____ (If none, check here ☐).

Referrer: Name: _____ Organization: _____
Phone: _____ Email: _____

Is this referral (check all that apply):

- ☐ Chronically homeless and/or high acuity? ☐ A veteran?
- ☐ A transition-age youth (age 18-24)? ☐ A family?
- ☐ 50 years old or older?
- ☐ A person (formerly) in housing who's been removed or is at risk of removal?
- ☐ Other: _____

Does the person have all of their documentation to submit a housing packet?

- | | | | | |
|-----------------------|------------------------------|-----------------------------|--------------------------------------|------------------------------|
| State ID/license: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In progress | |
| Birth certificate: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In progress | |
| Social security card: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In progress | |
| Proof of (no) income: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In progress | |
| Proof of disability: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In progress | <input type="checkbox"/> N/A |
| BCI: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In progress | |
| Homelessness ver. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In progress | |
| DD 214/state. of svc | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In progress | |

Please describe any barriers to obtaining needed documents/verifications: _____

Does this person have any of these barriers to housing? (Check all that apply)

- ☐ Physical limitations impacting housing (eg, wheelchair/walker; blindness)
- ☐ Tenancy concerns related to particular actions/behaviors (specify in next section)
- ☐ Registered as a sex offender
- ☐ Criminal legal history causing housing denials
- ☐ Eviction history causing housing denials
- ☐ Landlord history causing housing denials
- ☐ Intimate partner violence
- ☐ Other: _____

Reason for referral/context:

What is tricky/unique about this person's situation? (Where are things stuck?)

Please describe the kind of housing this person is seeking in as much details as you can:

Who (if anyone in addition to the referred person) will be living in the household? Please give their name and relationship: _____

Please describe the kind of social services and/or health care this person is seeking in as much detail as you can (if none, note this):

Has this person been housed before? Please describe what happened with this: ☐ N/A

Does the person have any health issues (physical, mental health, substance use-related)?

Notes: _____

Thank you for your referral! Please email to all.in@rihomeless.org. We will be in contact with you very soon about additional information, including your recommendations for present stakeholders and how the client would like to be involved.