The Strepho House, Inc.- Referral Packet

Before you submit

Call or email to confirm current bed availability, then complete every section of this packet. We aim to give you a decision or status update within 24–48 business hours of receiving a complete packet.

Attach with this packet:

- ☐ Copy of a government-issued ID or VA photo ID
- ☐ TB test results from the last 12 months (or testing plan, see Section 8)
- ☐ Brief summary of care or transition plan from your agency
- ☐ Proof of income or housing voucher verification, if applicable

Submit by: secure online form [link to be added], or email to referrals@thestrephohouse.org using your agency's encrypted or secure email. For urgent same-day referrals, call (470) 400-8435, Monday–Friday, 9 a.m.–5 p.m.

1. Referral source

Field	Response
Agency / organization	
Referring staff name and title	
Phone	
Email	
Agency address	
Referral type	☐ HUD-VASH ☐ VA SSVF ☐ VA GPD ☐ Shelter / Coordinated Entry ☐ Outreach team ☐ Hospital / discharge ☐ Reentry program ☐ Probation / parole ☐ Behavioral health / SUD provider ☐ Church / community partner ☐ Other:
Is this referral urgent?	☐ Yes ☐ No. If yes, explain:

2. Client information

Field	Response
Full legal name	
Preferred name	
Date of birth	
Gender	
Phone	
Email (if any)	
Current location or address	
Emergency contact (name, phone, relationship)	
Veteran status	☐ Yes ☐ No ☐ Unknown
If veteran: branch and VA ID number	

3. Housing status

Field	Response
Current housing status	☐ Unsheltered ☐ Shelter ☐ Couch surfing ☐ Hospital discharge ☐ Jail / prison release ☐ Temporary motel ☐ Facing eviction ☐ Other:
Is the client safe where they are now?	☐ Yes ☐ No
Is the client at immediate risk of harm to self or others?	☐ Yes ☐ No ☐ Unknown. If yes, explain:

4. Functional independence

Field	Response
Can the client perform all activities of daily living independently?	☐ Yes ☐ No
Mobility needs	☐ None ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other:
Does the client need help with any of these?	☐ Bathing ☐ Dressing ☐ Toileting ☐ Eating ☐ Medication administration ☐ Other:
Any medical needs requiring 24/7 nursing care?	☐ Yes ☐ No

5. Recovery-supportive environment

Field	Response
Willing to live in a drug- and alcohol-free home?	☐ Yes ☐ No ☐ Unsure
Current mental health diagnoses (if known)	
Substance use history (if any)	
Currently in crisis requiring inpatient psychiatric stabilization?	☐ Yes ☐ No ☐ Unsure
Psychiatric hospitalization in the last 6 months?	☐ Yes ☐ No ☐ Unknown

6. Safety screening

Field	Response
History of violent offenses?	☐ Yes ☐ No ☐ Unknown
History of arson?	☐ Yes ☐ No ☐ Unknown
Sex offender registry status	
Active protective or restraining orders	
Weapons history or concerns?	☐ Yes ☐ No ☐ Unknown
Any active warrants?	☐ Yes ☐ No ☐ Unknown

7. Income and funding

Field	Response
Income source	☐ Employed ☐ Unemployed ☐ SSI / SSDI ☐ VA benefits ☐ TANF ☐ Other:
Monthly income estimate	$
Housing voucher	☐ HUD-VASH ☐ Rapid Rehousing ☐ None ☐ Pending
Who is responsible for placement costs?	☐ Self-pay ☐ Voucher / program ☐ Family ☐ Church / nonprofit ☐ Other:
Funding source for placement (if any)	

8. Documentation

Field	Response
Attached	☐ Government-issued ID ☐ Social Security card ☐ TB test results (last 12 months) ☐ Benefit letter / voucher ☐ Discharge paperwork ☐ Summary of care / transition plan ☐ Other:
If ID is missing, is the client working with an agency to obtain it?	☐ Yes ☐ No
If TB results are missing: current status and planned testing date	

9. Case narrative

Describe the client's strengths, barriers and why this placement is needed.

Case narrative

Client consent and authorization

I, _____, authorize The Strepho House, Inc. to contact my referral source, coordinate my intake, and share placement status updates with the referring agency listed above. This authorization is for the purpose of coordinating transitional housing services.

	Signature	Date
Client		
Referring staff		

Confidentiality and information use

The Strepho House, Inc. handles all referral information confidentially. We use it only for eligibility screening, intake coordination and placement decisions, and share it only with relevant partners as needed for intake and continuity of services.

Referral partner attestation

By submitting this referral, I confirm that, to the best of my knowledge, the information provided is accurate and the client has been informed of this referral.

Printed name	Signature	Date

Disclaimer

Submitting a referral does not guarantee placement. Placement is based on availability and program fit. The Strepho House, Inc. is a non-medical transitional housing program.

The Strepho House, Inc. ·(470) 400-8435 · referrals@thestrephohouse.org

Intake hours: Monday–Friday, 9 a.m.–5 p.m.