

THRESHOLD, INC.
 111 Tridico Way
 Greensburg, PA 15601
SUPPORTIVE HOUSING REFERRAL FORM

REFERRAL FORM

Consumer's Name _____

Maiden Name/Aliases _____

Legal Address _____

Phone# _____

Referred by _____

Agency _____

Education Completed _____

Religion _____

Occupation/Profession _____

Marital Status _____ Children _____

Income (Source and Amount Monthly):

Gross earned \$ _____

Social Security \$ _____

Supplemental Sec. Inc. \$ _____

Pension \$ _____

Other \$ _____

Insurance Information _____

Outstanding Bills/Expenses _____

Therapist/Treatment Program _____

Is consumer facing any legal charges? _____

If yes, describe _____

Is consumer on probation? Yes _____ No _____

Social Security # _____

Birthdate _____ Sex _____ Ht. _____ Wt. _____

History of In-Patient Care and Dates:

Facility	From	To

Current Medication:

Type	Amount	Frequency

Is client able to manage own medication?

Yes _____ No _____

Rental History: _____

Current Diagnosis: _____

Psychiatrist: _____

List any health care or medical problems: _____

Primary Care Physician: _____

History of suicidal or homicidal tendencies or behavior?

Yes _____ No _____

If yes, describe:

History of alcohol or drug abuse?

Yes _____ No _____

If yes, describe:

Other services involved (Psych. Nurse, West Place, OVR, etc.):

Family member or significant other who provides consumer support:

Name: _____ Relationship: _____

Address: _____

Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____

Why is Supportive Housing Placement preferable at this time?