



**Elizabeth Gregory Home
Provider Referral**

1. Client Name _____ Date: _____
2. Date _____
3. Provider Name _____
4. Address _____
5. Phone Number _____
6. Please describe the length of time and in what capacity you have known this client? _____

7. What progress has the client made on her service plan during your work together?

8. What would you consider the client's strengths to be? _____
9. What would you consider as the client's major barriers to housing? _____

10. How would you characterize the client's ability to follow a structured program in a communal environment? _____

11. Does the client have any substance abuse issues? If yes, please describe addiction and treatment plan. _____

12. To your knowledge, is there any active domestic violence concerns? _____

13. Will you continue to work with this client once she has secured transitional housing? If yes, please describe continued services. _____

14. Is there any reason you could not recommend this person for admittance to Elizabeth Gregory Home transitional housing program? If yes, please describe.

I, _____, confirm on this date _____ that _____ is homeless to the best of my knowledge, according to the McKinney definition of homelessness. My signature indicates a recommendation for said client to Elizabeth Gregory Home.
Provider Signature _____

Date _____

Release of Information

I, _____, hereby authorize Michelene Felker of
 (Print full name) (Name of case manager)

Elizabeth Gregory Home to request information from and/or provide information to
 the following agency/provider _____.
 (Name of Agency/Provider)

Date of Birth _____ Social Security # _____ - _____ - _____
 (mm/dd/yy)

Client Signature _____ Date _____

Please note this release is valid for 90 days from date of signature. It may be revoked in writing at any time. If you have questions please contact the EGH program manager at (206)729.0262.

Additional Comments: