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The Right Choice Independent Living Program

TRC-200

COMMUNITY PARTNER REFERRAL FORM

Building Pathways to Independence, One Family at a Time.

Thank you for partnering with The Right Choice Independent Living Program. This form is intended for community organizations, healthcare providers, churches, social service agencies, employers, schools, and other referral partners wishing to refer an individual or family for consideration in our supportive housing program.

Please Note: Submission of this referral does not guarantee acceptance or placement. Each referral is reviewed based on program eligibility, availability, and individual needs.

Section 1 — Referring Organization

Organization Name:

_____

Department:

_____

Referring Staff Member:

_____

Title:

_____

Phone Number:

_____

Email Address:

_____

Organization Address:

_____

City:

_____

State:

_____

ZIP:

_____

Section 2 — Referral Information

Date of Referral:

_____

Is the individual aware of this referral?

- ☐ Yes
- ☐ No

Has the individual given permission for this referral?

- ☐ Yes
- ☐ No

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Section 3 — Applicant Information

Full Name:

_____

Date of Birth:

_____

Phone Number:

_____

Email Address:

_____

Current City:

_____

Section 4 — Household Information

The individual is applying as:

- [ ] Single Woman
- [ ] Mother with Child(ren)
- [ ] Family
- [ ] Veteran
- [ ] Other: _____

Number of Children:

_____

Children's Ages:

_____

Section 5 — Current Living Situation

Please select all that apply:

- [ ] Renting
- [ ] Staying with Family
- [ ] Staying with Friends
- [ ] Shelter
- [ ] Transitional Housing
- [ ] Hotel/Motel
- [ ] Experiencing Housing Instability
- [ ] Other: _____

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Section 6 — Primary Reason for Referral

- ☐ Safe Housing
- ☐ Independent Living Support
- ☐ Employment Assistance
- ☐ Financial Literacy
- ☐ Parenting Resources
- ☐ Community Resource Navigation
- ☐ Life Skills Development
- ☐ Healthcare Referrals
- ☐ Mental Health Referrals
- ☐ Transportation Resources
- ☐ Veteran Services
- ☐ Other: _____

Section 7 — Referral Summary

Please provide a brief summary describing the applicant's current situation, strengths, goals, and why you believe The Right Choice Independent Living Program would be a good fit.

_____

_____

_____

_____

_____

_____

Section 8 — Urgency of Referral

- ☐ Immediate (Within 48 Hours)
- ☐ High (Within 7 Days)
- ☐ Standard (Within 30 Days)
- ☐ No Immediate Deadline

Section 9 — Preferred Follow-Up

How would you like our team to communicate regarding this referral?

- ☐ Contact the applicant directly
- ☐ Contact the referring organization first
- ☐ Contact both the applicant and referring organization

Preferred Method:

- ☐ Phone
- ☐ Email
- ☐ Text

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Section 10 — Certification

I certify that the information provided is accurate to the best of my knowledge and that the applicant has given permission for this referral. I understand that submitting this referral does not guarantee acceptance into The Right Choice Independent Living Program.

Referring Staff Signature:

_____

Date:

_____

Office Use Only

Date Received:

_____

Referral Number:

_____

Received By:

_____

Assigned Staff:

_____

Current Status:

- ☐ New Referral
- ☐ Contacted
- ☐ Resident Interest Application Sent
- ☐ Interview Scheduled
- ☐ Waiting List
- ☐ Approved
- ☐ Declined
- ☐ Closed

Follow-Up Date:

_____

Notes:

_____

_____

_____

_____

The Right Choice Independent Living Program
Address: _____
Phone: _____
Email: _____
Website: _____