



Catholic Charities Shelter Referral

Client last name Client first name DOB

Client ID# (first & last initials, last 4 SSN)

Phone(s):

Date referred:

Referring representative/agency:

Phone: Email:

Number of adults Number of children Children's ages

Annual household income: \$

Source(s) of income:

*If zero income, Certification of Zero Income Form must be completed

Current living situation:

- Reside on the street, car, detox center, crisis center, Mental Health facility, Nursing Home, jail, other

Documentation must include evidence from the institution/ service provider.

Client currently experiences the following special need(s): Client would fall under what special needs category listed below? Please select one or more if applicable.

- Physically disabled, Mentally disabled, Developmentally Disabled, Co-occurring Disabled, Physically or emotionally abused, Chemically dependent, HIV/AIDS, Elderly (62+)

The Special Need Verification Letter is attached with the following supportive documentation required):

- Diagnostic assessment, Medical information, SSI/SSDI documentation, IEP/504 Plan, Discharge Paperwork



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Please describe your plan in assisting the client in obtaining permanent housing:

Plan: _____

What steps are in place to assist the client in reaching this goal:

Steps involved:

When would step be completed?

1.	
2.	
3.	

The referral process consists of two steps: completion of the referral form, and an in-person intake interview including the agency representative and client. Send completed referrals to shelterintakes@ccdocle.org.

Once residing at the shelter, the client will be assigned to a case manager, with whom they will meet with bi-weekly to work on completing a goal plan for the length of their stay.

Agency representative signature

Client signature