



At Jacob's Well, Inc.

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Referral Form for Shared/Transitional Housing

Please call us at **410.235.8877** to make sure that there is an opening in our program before completing the referral then fax or email the referral and all documentation to

Email Address: **XXXXXXXXXXXX** Fax Number: **410.235.6359**.

Documentation of homelessness is required with this referral for it to be considered complete (please see page 2 for needed documentation). If a referral is not complete when sent to AJW it will not be considered for our shared/transitional housing program.

Thank you.

Date of Referral: _____

Referring Organization or Institution Information

Referral Made by: _____ Phone Number _____

Referring Organization or Institution: _____

Address of Organization or Institution: _____

Potential Client Information

Name: _____
Last First Middle

Social Security Number: _____

Mental Illness Diagnosis: _____

Current Medications (Dosages and Instructions):

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History of Drug/Alcohol Use (please list type and last time period when used):

Treatment for Drug/Alcohol Use:

Is this person currently on Parole or Probation? Yes No If yes please explain:

Needed Documentation for Proof of Homelessness Must be in Writing

- If individual is living on the street or places not meant for human habitation please provide certification from your organization that the individual is living as such
- If individual is referred from an emergency shelter or a transitional housing program please provide written, signed, and dated verification that the individual has been a resident of the emergency shelter
- If the individual is coming from a short-term stay (up to 30 consecutive days) in an institution who previously resided on the street or in an emergency shelter please provide
 - 1) written verification from the institution's staff that the participant has been residing in the institution for less than 31 days

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- 2) information on the previous living situation. Preferably, this will be the institution's written, signed, and dated verification on the individual's homeless status when s/he entered the institution
- If the individual is being discharged from a longer stay in an institution, please provide:
 - 1) documentation from the institution's staff that the participant was being discharged within the week before receiving homeless assistance
 - 2) income of the participant if any
 - 3) what efforts were made to obtain housing
 - 4) why, without homeless assistance, the individual would be living on the street or in an emergency shelter

A client accepted into AJW Shared/Transitional Program understands this is a voluntary program and as such any client is free to leave the program at any time for any or no reason. For those that wish to be in and remain in the program they will be expected to abide by program rules (see below for a partial list)

Violation of any program rule will be cause for immediate dismissal/termination from the program

- Failing to meet with assigned caseworker as scheduled or providing requested documentation
- Bringing illegal weapons or any firearms on AJW property
- Use or threatening physical violence against any resident, staff member, volunteer, or neighbor including verbally abusing or harassing language or sexual harassing behavior
- Disturbing other residents, neighbors or the community
- Using, possessing or being under the influence of alcohol or illegal drugs
- Smoking in any area of the house
- Tampering with smoke detectors
- Failing to perform daily house chores or maintaining bedroom in a clean and orderly condition
- Having guests or allowing non-residents access to the house
- Using, moving, or borrowing the property of housemates or AJW without prior approval including food, beverages and supplies
- Entering the bedrooms of other residents without their prior approval
- Stealing or damaging AJW property
- Duplicating house keys and/or giving house keys to any non-resident