

Safe-Entry Community Housing & Support Services, Inc.

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REFERRAL APPLICATION

This Referral Is Being Made for:

- Supportive Housing
- Adult Day Program/Psychosocial Rehabilitation
- Transitional/Independent Housing
- Primary Care Provider & Walk In Clinic

Referral Agency and Referral Person: _____

Contact# _____

Anticipated Enrollment Date of Client: _____

Client Name: _____ Date: _____

Address: _____ City,State _____ Zip Code: _____

Phone: _____ Current Living Arrangements: _____

DOB: _____ Sex: _____ Race: _____ Marital Status: _____

Income: _____ Income Source: _____

SSN: _____

Insurance Provider:

Primary: _____ ID#: _____ Effective Date: _____

Secondary: _____ ID#: _____ Effecgve Date: _____

PLEASE PROVIDE COPIES OF ALL INSURANCE CARDS

Current Treatment Facility _____ Phone#: _____

Case Manager: _____ Phone#: _____

Has this Consumer ever been a member to Safe-Entry? _____

Does the Consumer have a history of substance abuse? _____

If Yes, describe any current or past use: _____

CRG Rating: _____ Date of Last CRG Assessment: _____

CURRENT MEDICATIONS/DOSES/TIME TAKEN:

Prescribing Physician: _____

DIAGNOSTIC INFORMATION:

Consumer: _____ **Identification#** _____

Diagnosis Code (ex. 295.70 Bipolar)
type): _____

This is required

AXIS1: _____

AXIS2: _____

AXIS3: _____

AXIS4: _____

AXIS5: Current _____ **Last Year** _____

History of Psychiatric Inpatient Admissions (dates, reason & precipitation factors etc)

Does Consumer have a history of suicidal, violent or aggressive behavior? Yes _____ **No** _____
If yes, describe: _____

Has the Consumer had any involvement with the judicial system? Yes _____ **No** _____
If yes, describe: _____

What type of transportation will the Consumer use if attending the Adult Day Program?

What work history does this Consumer have? _____

What is the Consumer's housing history? _____

Has the Consumer had difficulty in maintaining housing? Yes _____ **No** _____
If yes, describe: _____

HOUSING REFERRALS (A physician signature is required):

Physician Signature/Date: _____