Freedom House for Women Inc.

Intake Referral Form

Client Information:

Name ____DOB________________

Address __________________________________City________________ State________ Zip______________

Telephone Number______________________________

Insurance ☐ Yes ☐ No

Company: ☐ Buckeye ☐ CareSource ☐ Molina ☐ Paramount ☐ Optum **(United Health Care)** ☐ Medicaid **(Regular)**

Employment ☐ Yes ☐ No Place of Employment______________________________

Source of Income: ☐ Employed ☐ Unemployment ☐ SSI/SSD ☐ Food Stamps ☐ Child Support ☐ TANF
☐ Other__________________

Total Monthly Income __________________ Number of Children_______

Housing: ☐ HCVP AMHA☐ Rent ☐ Own☐ Shelter ☐ Homeless☐

Education Level ☐ High School (last level completed) ______ ☐ College ☐ GED

Do you have any current legal charges or warrants? ☐ Yes ☐ No (If yes, please state)
____

Are you on Probation? ☐ Yes ☐ No Parole? ☐ Yes ☐ No Officer Name: __________________________

Referring Agency/Person:

Name ____

Address ________________________________ City____________ State_______ Zip________

Telephone Number______________________________

Reason for Referral:

Presenting Problem: ____

☐ Anger Management ☐ Daily Living Skills ☐ Employment ☐ Outpatient Treatment Services ☐ Parenting Skills
☐ Recovery Housing ☐ Relapse Prevention ☐ Urine Drug Screen
☐ Other____________________________________

Special Needs:

☐Yes ☐ No (If yes, please state) ____

Emergency Contact Information:

Name ____ Relationship__________________________

Address________________________________ City___________ State______ Zip______________

Telephone Number ______________________________

____ __________________________

Referral Signature Date

Revised 01/08/2020 ****ALL INFORMATION MUST BE COMPLETED AND SIGNED FOR CONSIDERATION.****