Referral Form

Energy Independent Living Homes

Referral Date _____	**Requested Move-In Date** _____
Applicant Name _____	**Applicant Phone** _____
Applicant Email _____	**Referral Organization** _____
Referring Person _____	**Referral Phone/Email** _____

Housing Information

☐ Applicant is seeking a private room in shared housing.

☐ Applicant has a lawful source of funds or subsidy for rent.

☐ Applicant has been informed that the residence is housing-only and does not provide 24-hour supervision, personal care, medication administration, case management, or treatment.

Payment Source (check all that apply)

☐ SSDI ☐ SSI ☐ Employment ☐ Veterans ☐ Voucher/Subsidy ☐ Family/Third Party ☐ Other

Accessibility / Accommodation Request

Does the applicant want the housing provider to contact them about a reasonable accommodation? ☐ Yes ☐ No

Requested accommodation, if voluntarily disclosed:

_____

Housing-Only Suitability

The referral source should not send diagnosis/treatment records unless specifically authorized and necessary for a lawful housing purpose. Please identify only whether the applicant is expected to require the LANDLORD itself to provide any of the following:

☐ Medication administration or reminders If checked, explain what outside service arrangement will meet the need without landlord care: _____

☐ Bathing/dressing/toileting/feeding assistance If checked, explain what outside service arrangement will meet the need without landlord care: _____

☐ Continuous behavior monitoring If checked, explain what outside service arrangement will meet the need without landlord care: _____

☐ Overnight supervision If checked, explain what outside service arrangement will meet the need without landlord care: _____

☐ Appointment scheduling/transportation supervision If checked, explain what outside service arrangement will meet the need without landlord care: _____

☐ Daily wellness checks If checked, explain what outside service arrangement will meet the need without landlord care: _____

☐ Clinical crisis monitoring If checked, explain what outside service arrangement will meet the need without landlord care: _____

Additional housing-related information:

_____

_____

_____ _____

Referring Person Signature (optional) Date

_____ _____

Applicant Consent to Contact (if required by referral source) Date