

Instructions for Completing the Shelter Plus Care Referral Form

A. Referral Form

1. List your contact information so that the Housing Staff can follow up with you about the status of this Referral or if we have any additional questions.

2. Homeless Documentation

Housing First is a model of Housing and in all cases clients are still being referred to the Shelter Plus Care Program which is funded by the Dept. of Community Affairs. All clients entering Shelter Plus must enter from the streets, emergency shelter, or a place not meant for human habitation.

~ If the client is currently in the Macon Rescue Mission, the Salvation Army, or LifeSPRING, please attach a letter from the Shelter.

~If the clinician who conducted the Behavioral Health Assessment indicated that the client was homeless during the assessment, please attach that note.

~If the client indicate they are living in places such as an abandoned building, a car, a utility shed, or a vacant house, gather as much information from a 3rd party about the living situation. Attach this information to the Referral Form.

This status of homeless is the most difficult to document and in most cases we prefer pictures to paint a picture of the situation.

~If the client is currently in a place defined as Transitional Housing, the client will have to have entered Transitional Housing from the streets or an Emergency Shelter in order to be eligible for the Shelter Plus Care Program.

~Please note that if you indicate that the client meets the Chronic Homeless Definition, we must be able to document each homeless episode in order for it to be substantiated.

If there is no way to document it, indicate NO to this question.

3. Income Information

~If the client receives Food Stamps, please indicate on the Referral Form along with the amount.

Documentation is needed showing proof of the amount. This amount is not used in the rent calculation, but reporting is required on all sources of income.

~Proof of Income is needed for each Income listed. Please attach. If the client has Zero Income, please have him/her sign a Zero Income Certification Form along with certifying staff signature, and attach.

4. Emergency Information

~Please list someone who is already involved in the client's treatment and a Release of Information is completed on or someone who the client would not mind giving us written permission to contact if needed.

5. River Edge Services

~Please provide information about the current services being provided by River Edge and the clinicians assigned to the client. Please list the diagnosis(s) and the prescribed medications.

6. Physical Health Information

~Please list information about current physical health services and prescribed medications.

7. Other Family Members

~List the requested information on biological children or spouses who are in need of housing along with the Head of Household. The children must be in the legal custody of the Head of Household. (Note: If there are children who are pending reunification with The mother pending housing, please list them).

8. All Referral Forms must be submitted to the Housing Staff: ShelterPlus@river-edge.org

Instructions for Completing the Disability Verification Form

Print Form for Completion

1. Line 1 – Sponsoring Agency is River Edge.
2. Complete identifying information on the client.
3. The Psychiatrist should complete the remainder of this form and sign at the bottom. Be sure the License number is included.
4. If this client is treated by a PA, it is acceptable for them to complete and sign the form.
5. If this is a client who is not yet engaged in River Edge services and they have not been approved for Disability Income, please contact the Housing Staff for further instructions.
6. Email form to ShelterPlus@river-edge.org