



Office Use Only:
 Date Referral Received: _____
 Referral Outcome: _____
 Accepted
 o Date Client Contacted: _____
 o Result of Contact: _____
 Deferred to _____

Requested Referral Service (Please indicate which type(s) of service you are referring individual/family for):

- Youth Independent Living Services The Benefit Bank®

Identified need(s) to be addressed (Please select the area(s) of primary concern):

- Childcare/Parenting Education Employment/Financial Substance Abuse
 Food/Nutrition Housing Medical Care Mental Health Legal Issues

Referring Agency/Individual: _____

Phone #: _____ **E-mail:** _____

How did referring individual/agency hear about our program? _____

Primary Client Name: _____ **Date of Birth:** _____

Home address: _____ **Phone #:** _____

Highest Level of Education (if applicable): Some HS GED/HS Diploma Some College

Health Coverage: Uninsured Insured, if insured, by what company? _____

If under the age of 18: Parent/Guardian Name: _____ **Phone #:** _____

If requesting services for a family, please provide information on each individual family member:

Name	Date of Birth	Educational Level	Health Coverage (Uninsured/Insured, if so, by what company?)	Currently Residing in Home? If no, please provide current address

Has individual/family experienced homelessness within the past year? Yes No

Foster Care History? Yes No

If yes, at what age, did individual enter care? _____ **Number of placements while in foster care:** _____

Transitioned out of foster care due to:

- Aged out of care Reunification with family Adoption Relative placement

If exited foster care, what were the circumstances? _____

Is the family at risk for entering the foster care system? Yes No

If yes, please give brief reason why:

Submit this form via *email* to our Independent Living Specialist **Josh Crocker** at jcrocker@pendletonplace.org
Referrals are accepted on a rolling basis.
If you have any questions, please contact 864.516.1220