



Angeles House Agency Referral

Date of Referral: _____

All adult guests must have proof of ID & pass a Megan’s Law Clearance

All guests must provide something verifying identity

All Referrals must be submitted to Angeles House Leadership for review.

Head of Household:	Agency Referring Guest:
Date of Birth:	Staff Referring Guest:
Phone Number:	Agency Phone Number:

Income

- Cal Works: \$ _____
 Cal Fresh: \$ _____
 Employment: \$ _____
 Unemployment: \$ _____
 SSI \$ _____
 GR: \$ _____
 No Income
 Other _____

Demographic Information

Does the Head of Household have proof of ID? Yes No

U.S. Citizen Yes No **Birth Certificates** Yes No **Social Security Card** Yes No If no, please explain:

Race & Ethnicity:

- Native American or Alaskan Native
 Asian
 Native Hawaiian
 Pacific Islander
 Black/African American
 Caucasian
 Latino
 Mixed
 Other: _____
 Primary language spoken: _____ Other language(s) spoken: _____
 Religious Background: _____

Marital Status: Single Married Divorced Widowed

Spouse Full Name: _____ DOB: _____ City of Residence _____

Does the Head of Household have proof of ID? Yes No

U.S. Citizen Yes No **Birth Certificates** Yes No **Social Security Card** Yes No If no, please explain:

Race & Ethnicity:

- Native American or Alaskan Native
 Asian
 Native Hawaiian
 Pacific Islander
 Black/African American
 Caucasian
 Latino
 Mixed
 Other: _____

Union Rescue Mission History / Homelessness History:

- 1. Has this Guest previously received shelter services at the URM? Yes No
If yes, when? _____
- 2. Is the Guest currently on the waitlist for Section 8 / Public housing? Yes No
- 3. What services have Guest used in the past?

- Emergency Shelters Domestic Violence Shelter Permanent Supportive Housing
 - Hotel/Motel Vouchers Transitional Housing Section 8 Housing
- Has applicant previously used rental assistance programs to move into permanent housing? Yes No
 Is the guest currently on the waitlist for Section 8/ Public housing? Yes No
 Has the guest completed a VI-SPDAT assessment? Yes No CES/HMIS ID: _____

Legal History

Has guest ever been arrested? Yes No If yes, please explain: _____

Has guest ever been convicted of a misdemeanor/felony? Yes No If yes, please explain: _____

Has guest been to prison or jail? Yes No How long? _____
 Is the guest currently on probation or parole? _____
 Probation Office Name: _____
 Probation Office phone number: _____ Email: _____
 Does guest have any outstanding tickets or warrants? Yes No If yes, please explain:

Substance Abuse History

Does guest have a history of drug or alcohol abuse? Yes No
 What is the guest's drug of choice:

 How long has the guest been sober? _____
 What is guest relapse triggers: _____
 Does guest attend Celebrate Recovery, AA or NA? Yes No

Mental Health History

Does guest and/or child (ren) have a mental health diagnosis? Yes No If yes, what is the diagnosis?
 _____ Does guest and/or anyone in
 her family take medication? Yes No If yes, please list medications:

Has guest ever been voluntarily/involuntarily hospitalized for a psychiatric hold? Yes No If yes, please explain:

Is the guest currently receiving mental health services or counseling services? Yes No Please provide the mental health therapist/counselor information: Agency

Name: _____ Therapist/ Counselor

Name _____ Phone

Number _____ Email: _____

Medical History

Does guest and/or child (ren) have a medical health diagnosis? Yes No If yes, what is the medical health diagnosis:

Does guest and/or child (ren) take any prescribed medication? If yes, please explain:

Has the guest ever been hospitalized for a medical diagnosis? Yes No If yes, please explain: _____

Does the guest and/or children have allergies to the following: Aspirin, ibuprofen, acetaminophen Penicillin Local anesthetic Food: (milk, nuts, wheat) _____

Does this guest agree to do a rapid Covid test upon arrival and if positive be willing to quarantine for and/or up to 5 days? Yes No

Please submit all referrals to the following email: ahintake@urm.org

****Referrals may take up to one week to process****

FOR Angeles House USE ONLY

Referral Accepted Referral Denied (Please explain):

Anticipated Transition Date if Applicable: _____