



Marion County
OREGON
Health & Human Services

Office Use Only					
Date Received					
Eligible	<input type="checkbox"/>	Not Eligible	<input type="checkbox"/>	More Info	<input type="checkbox"/>
(If ineligible, provide brief explanation):					
Referring to:					
Supervisor				Date	

Human Services Housing Referral Family

Name:	Pronoun:	DOB:	Phone:
Preferred Language:	Contact Preference: <input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email:		
Do you have OHP PacificSource or Open Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Member ID # (Required):		
Current Address:	Number of children under age 18:		
Source of Income:	Unemployed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date became unemployed:		
Name of legal guardian if under 18?	Name:	Phone:	
Are you enrolled in any Marion County service? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which service:		
If an individual is referred by an agency, please provide the information below. If a mental health assessment is required, please attach.			
Referrer's Name:	Agency:	Phone:	

**** A Mental Health Assessment, within the last 12 months, is required if you are experiencing homelessness and have a mental health condition.**

1. Do you have a Mental Health Condition? Yes No, Diagnosis: _____
2. Do you have a Substance Use Disorder? Yes No, Diagnosis: _____
3. Do you have an Intellectual and/or Developmental Disability? Yes No, Diagnosis: _____
4. Do you have TANF?
 Yes No
Family Coach Name: _____
Phone Number: _____
5. Do you have an *open* Child Welfare case?
 Yes No
Case Worker Name: _____
Phone Number: _____
Case Number: _____
6. Are you experiencing Homelessness?
 Yes No
 Unsheltered** Homeless** Couch surfing**
 Living in a shelter** Other: _____
7. What is your housing situation?
 At risk of becoming homeless Rent Burdened
Do you have a lease or rental agreement? Yes No
8. Are you stepping down from a higher level of care? **
 Yes No
 Oregon State Hospital Residential Treatment Facility/Home
 Adult Foster Home Supported Housing/Shared Living
 Other: _____
9. Are you currently receiving other housing assistance?
 Yes No
 Public Housing Section 8 Housing Voucher
 Rent Subsidy from another agency
 Other: _____