Office Use Only					
Date Received					
Eligible	☐	Not Eligible	☐	More Info	☐
(If ineligible, provide brief explanation):					
Referring to:					
Supervisor			Date		

Human Services Housing Referral
Individual

Name:	Pronoun:	DOB:	Phone:
Preferred Language:	Contact Preference: ☐ Phone call ☐ Text ☐ Email:		
Do you have OHP PacificSource or Open Card? ☐ Yes ☐ No	If yes, Member ID # (Required):		
Current Address:			
Source of Income:	Unemployed: ☐ Yes ☐ No If yes, date became unemployed:		
Do you have a legal guardian? ☐ Yes ☐ No	Name:	Phone:	
Are you enrolled in any Marion County service? ☐ Yes ☐ 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. Are you experiencing homelessness? ☐ Yes ☐ No — ☐ Unsheltered** ☐ Homeless** ☐ Couch surfing** ☐ Living in a shelter** ☐ Other: ________________________
5. What is your housing situation? — ☐ At risk of becoming homeless ☐ Rent Burdened
   Do you have a lease or rental agreement? ☐ Yes ☐ No
6. 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: ____
7. Are you currently receiving other housing assistance? ☐ Yes ☐ No — ☐ Public Housing ☐ Section 8 Housing Voucher ☐ Rent Subsidy from another agency ☐ Other: ____

Send referrals to HHS-Housing@co.marion.or.us
Attention: Human Services Housing   Fax: #503-588-5367