

Homeless Outreach Referral

Date: _____

CLIENT INFORMATION

Name: _____

Date of Birth: _____ Gender: _____ Marital Status: _____

Description: Eye Color: _____ Hair Color/Length: _____ Race/Skin Tone: _____

If sheltered, address: _____

If unsheltered, area seen or frequented: _____

Best time to meet or locate in the community: Morning Afternoon Evening

Cell Phone: _____ Email Address: _____

Best way to contact: Call Text Email In-Person

Is it okay to leave a message on voicemail? Yes No

Other Language Spoken: _____ Preferred Language: _____

SSI/SSDI? Yes No Medicaid? Yes No

Has the person lost housing in Montgomery County? Yes No Length of homelessness: _____

REFERRAL SOURCE

Name of Referral Source: _____ Relationship to Client: _____

Organization Name: _____ Phone Number: _____

Email Address: _____

Is client aware referral to EveryMind has been made? Yes No

Reason for Referral/Presenting Problem (anything helpful to identify the individual on the street or assist with engagement):

Send completed referrals to Betsy Bowman, MA
E-mail: bbowman@Every-Mind.org or Fax: 301.738.1030

For emergencies related to homeless individuals in Montgomery County, MD call 301.424.0656 x562